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2310 South Carson Street, Suite 2

Carson City, NV 89701

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www.nevadahealthlink.com/sshix

Deliver, Mail, or Fax to:

Attn: Public Records Request
Silver State Health Insurance Exchange
2310 S. Carson Street, Suite 2
Carson City, NV 89701

Date of Request	
Requestor Contact Information	
Name:	
Organization:	
Address:	
City, State, Zip:	
Phone:	
E-mail:	

Records Requested:

Check one: Paper copies Electronic copies Certified copies Inspection (in person)

Please be specific and include as much detail as possible regarding the records you are requesting.

To complete an estimate, the agency will need the following information:

<input type="checkbox"/> I will pick up	<input type="checkbox"/> Please FedEx Fed Ex billing number:	<input type="checkbox"/> Please send USPS	<input type="checkbox"/> E-mail (if format allows)
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Statement

I understand there is a charge for copies of public records. I understand I will receive a written estimate for production of the records indicated above if the estimated cost is expected to be over \$25.00, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days. If not retrieved, advanced payment will not be returned.

Requester Signature

Signature Required

A request for public records need not be made on this form and may be made verbally, as long as the request is not extraordinary and otherwise readily identifiable as a request for public records.