



**Nebraska Department of Agriculture (NDA)  
Public Records Request Form**

1. Specifically identify which documents/records you are requesting (including the time frame).
2. For what purpose will the documents be used? (Optional – but assists our staff when gathering documents.)
3. Is there any other information that will assist NDA in expediting your request?
4. Please indicate your preference:
  - View files at the NDA office.
  - I will copy or reproduce files (using personal equipment) at the NDA office.
  - Would like copies of files to be mailed by NDA\*.
  - Would like files e-mailed by NDA\*. Email address: \_\_\_\_\_  
Files will only be able to be emailed if the file size is small enough. If too large to be emailed, a link to download files will be provided.

\*In accordance with Neb. Rev. Stat. §84-712(3),(b), and (c), a fee for electronic data may be charged for computer run time, analysis, and programming. In addition, there will be a fee for making the copies available, such as supply expenses incurred. There will be an added cost for time in excess of four cumulative hours to prepare the requested information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

*\*All fields are required to process request*

**Return form:** Nebraska Department of Agriculture  
Attn: Records Request  
P.O. Box 94947  
Lincoln, NE 68509-4947  
Phone: (402) 471-2341  
[christin.kamm@nebraska.gov](mailto:christin.kamm@nebraska.gov)

<b>For <u>Internal</u> Use Only – If payment is required.</b>	
Payment by credit card:	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card #:	_____
Expiration Date:	_____ CVV: _____
Name on card:	_____
Date request received in office:	_____

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