NEBRASKA
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DEPARTMENT OF AGRICULTURE

Jim Pillen, Governor

# 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 may assist our staff when gathering documents.)

3. Is there any other information that will assist NDA in expediting your request? (Optional)

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 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, 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. If you are not a resident of Nebraska you will be charged for employee time to search, identify, physically redact, copy, or review such records, including the services of an attorney to review the requested public records including a minimum $50 fee to cover the actual costs of the employee time involved in responding to the request. If you are a Nebraska resident, you may be responsible for the employee costs after the first 8 hours of employee time to prepare the requested information.

**Signature:** _____ **Date:** _____

**Name:** _____ **Phone:** _____

**Organization:** _____

**Address:** _____

**City, State, Zip:** _____

**All fields in this section are required to process the request.*

**Return Completed Form To:**
**christin.kamm@nebraska.gov**

OR mail to the address below:

Nebraska Department of Agriculture
Attn: Records Request
P.O. Box 94947
Lincoln, NE 68509-4947

Phone: (402) 471-2341

**For Internal Use Only – If payment is required.**

Payment made by check: ☐

Payment by credit card: ☐ Mastercard ☐ Visa Card

Card #: _____

Expiration Date: _____ CVV: _____

Name on card: _____

Date request received in office: _____

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