

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

1. Specifically identify which documents/information you are seeking.

2. How soon would you need the documents/information?

3. For what purpose will the documents be used?

4. Is there any other information that will assist NDA in expediting your request?

5. Please indicate your preference:

- You will view files at the NDA office (free of charge).
- You would like copies to be mailed by NDA (fee charged).
- You would like copies made that you will pick up at NDA (fee charged).
- You will copy or reproduce files (using personal equipment) at the NDA office (free of charge).
- You would like copies faxed by NDA (fee charged). THIS OPTION ONLY IF AVAILABLE IN THIS FORMAT.
E-mail address: _____
- You would like data on a computer disk to be mailed by NDA (fee charged).

Format desired:

- ASCII Flat File ASCII Comma Quote Delimited Excel File
- CD-ROM 3 ¼ Disk Other (please specify): _____

Signature: _____

Date: _____

Name: _____

Phone: (____) _____

Organization: _____

Fax: (____) _____

Address: _____

Return and
make checks
payable to:

Nebraska Department of Agriculture
Central Fee Collection
P.O. Box 94668
Lincoln, NE 68509-4668
Phone: (402) 471-2351
Fax: (402) 471-6892

Payment by credit card:

Card type: MC VISA

Card #: _____

Expiration date: _____

Name on card: _____

Documents Will Only Be Released Upon Full Payment