

State of Nevada
Board of Psychological Examiners
4600 Kietzke Lane B-116
Reno Nevada 89502

REQUEST TO RECEIVE
BOARD MEETING AGENDA

Date: _____

NAME: _____

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

EMAIL: _____ Email notification preferred

*****REQUESTS MUST BE MADE EVERY 6 MONTHS****Pursuant to NRS 241.020 (3)(b) A REQUEST FOR MAILED NOTICE OF MEETINGS AUTOMATICALLY LAPSES SIX MONTHS AFTER ITS MADE TO THE PUBLIC BODY AND THE PUBLIC BODY MUST INFORM THE REQUESTER OF THIS FACT BY ENCLOSURE OR NOTATION.**

Interested in notification of:

- Regular Board Meetings
- CABI Sub-Committees
- Regulation Sub-Committees

*****Return form to above address.*****

Return form to Board address or by Fax: 775-688-1060