

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*