REQUEST TO INSPECT PUBLIC RECORDS

REQUIRED INFORMATION

Name: ___________________________________ Date: ____________________________
Address: ________________________________________________________________
Telephone: __________________________________________________________________

To the Records Custodian:
I would like to inspect and/or have copies of the following documents. If your agency or department does not
maintain these public records, please provide me with the proper custodians name and address. I understand that
there will be a fee associated with this request at the rate of $1.00/page and that I am responsible for making the
payment before any copies are made.

Print Name: ___________________________________ Sign: ____________________________

DOCUMENTS REQUESTED TO INSPECT AND/OR COPY (List records with reasonable particularity)

____ I want to inspect these records
____ I want copies of the following documents

Fee Schedule (NMSA 14-2-29)
Records Inspection: No fee/Appointment Required
Copies (Legal or Letter Sized): $1.00/per page
Computer print out: $1.00/per page
Milar Reproduction/Plats over 11x17: Actual Cost

Note: No fee shall be charged for cost of determining whether any document is a public record subject to disclosure.

Document Exempt____
Notification Forwarded – Burdensome – Denied

____Supplied ______ 3-day ______ 15-day ______ Denied

Request Forwarded To: ____________________ Date: ____________________________

Number of Pages: ______ Fee: $_______

__________________________________________ Date
Requestors Signature Upon Receipt