



Cibola County
700 E. Roosevelt Suite 50
Grants, NM 87020

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: \$ _____

Requestors Signature Upon Receipt _____ Date _____