CITY OF ESPAÑOLA

PUBLIC RECORDS REQUEST FORM

In accordance with Section 14-2-1 NMSA 1978, as amended, I would like to inspect or be provided copies of the following: (Please list records with reasonable particularity and please indicate if you would like to inspect or receive copies).

_____

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I promise to pay copying charges as listed in the attached Fee Schedule. If the copying charges will exceed $_____ please call me to discuss. I understand that payment is due at, or before, the time of receipt of the copies requested. A receipt shall be provided upon request. Public records will be available from 8:00 a.m. to 5:00 p.m. on normal business days.

_____

NAME OF REQUESTOR **DATE:**

_____

ADDRESS **CITY, STATE, ZIP CODE** **TELEPHONE NUMBER**

_____

E-MAIL ADDRESS **SIGNATURE**

THIS REQUEST WAS: FAXED ☐ EMAILED ☐ MAILED ☐

DATE RECEIVED: _____RECEIVED BY: _____

3-DAY LETTER SENT: _____

15-DAY DEADLINE DATE: _____ # OF COPIES: _____

DATE COMPLETED: _____ BY: _____