

## SANTA FE COUNTY ATTORNEY'S OFFICE

## **REQUEST FOR PUBLIC RECORDS**

In accordance with the New Mexico Public Records Act, NMSA 1978, § 14-2-1et seq., as amended, I would like to inspect and/or copy the following documents: (Please identify records with reasonable particularity)

I promise to pay copying charges as listed in the Copy Fee Schedule. If the charges will exceed \$\_\_\_\_\_ please call me to discuss. I understand that I may be asked to pay the fee for copies in advance before the copies are made. (Please print clearly)

Name of Requester

Signature

Address

Email Address:

## Date

Telephone Number

City/State

Zip Code

Fax Number:\_\_\_\_\_

## FOR DEPARTMENT USE ONLY

| The request to inspect public records is:            | 3 Day Deadline  |
|--|-----------------|
| Approved<br>Disapproved for the following reason(s): | 15 Day Deadline |
| · · · · · · · · · · · · · · · · · · ·                | Date Completed  |
|  | No. of Copies   |
|  | Cost            |
|  |                 |