



## REQUEST TO INSPECT PUBLIC RECORDS

DATE: \_\_\_\_\_

### REQUESTER INFORMATION *(please print)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please check the appropriate box and be as specific as possible on what you are looking for:

I am requesting to: INSPECT ☐ or OBTAIN COPIES ☐.

Please identify the records sought with reasonable particularity:

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If our agency does not maintain these public records, we will forward your request to the appropriate agency and notify you in writing. **Copies are \$0.75 per page, CDs are \$2.75 and flash drives are \$3.80. Payment is due prior to receipt of documents.** You will be notified in writing of the fee for your requested documents.

All Inspection of Public Records are processed pursuant to the *Inspection of Public Records Act, NMSA 1978, § 14.2.1.*

\_\_\_\_\_  
Print Name of Requester

\_\_\_\_\_  
Signature of Requester

*All requests may be sent via U.S. Mail to the attention of the Records Custodian; 1 Wildlife Way; Santa Fe, NM 87507, or to [DGF.IPRA@dof.nm.gov](mailto:DGF.IPRA@dof.nm.gov) via email.*