

REQUEST TO INSPECT PUBLIC RECORDS

DATE: _____

REQUESTOR INFORMATION (please complete)

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

I would like to (please circle) inspect / copy the following documents. Please be as specific as possible:

If our Department does not maintain these public records, you will be notified in writing which Department maintains the records you are interested in.

All Inspection of Public Records Requests are processed pursuant to the *Inspection of Public Records Act, §14.2.1 NMSA 1978*. The Department of Health charges a copy fee for all requested documents.

You will be notified in writing of the fee for your requested documents. Payment must be received prior to the disclosure of documents. It is a felony to tamper with, destroy, conceal, mutilate or remove public documents (*§30-26-1, NMSA 1978*).

Return requests to: Daniel Jacobs, Public Records Coordinator via email at: daniel.jacobs@state.nm.us or fax to (505) 827-2930

Signature of Requestor

