

CITY OF LOVINGTON, NEW MEXICO
REQUEST TO INSPECT PUBLIC RECORDS

DATE: _____ PHONE: (575)396-2884
FAX: (575)396-6328

TO: CAROLANN HOGUE, CITY CLERK
214 S. LOVEST
LOVINGTON, NM 88260

FROM: _____
NAME OF REQUESTOR

ADDRESS

TELEPHONE NUMBER

I would like to inspect and copy the following documents (describe with "reasonable particularity").
(Please print clearly)

- 1.
- 2.
- 3.

I promise to pay \$0.40 per page, in advance, for copying charges. If any documents are copied, please provide a receipt indicating the paid copying charges for each document.

If your agency does not maintain these public records, please let me know who does, and include the proper custodian's name and address.

Thank you for your prompt attention to this matter.

Signed:

Name of Requester

Pursuant to Sections 14-2-8(D) of the Inspection of Public Records Act, the information requested shall be ready for inspection within three business days or shall be explained in writing when the records will be available for inspection.

Received by: _____ Date: _____