

CITY OF LOVINGTON, NEW MEXICO
REQUEST TO INSPECT PUBLIC RECORDS

DATE: _____

Fire Dept # : 575-396-2359
Fire Dept Fax: 575-396-7380
City Hall # : 575-396-2884
City Hall Fax: 575-396-6328

TO: CITY CLERK
214 SOUTH LOVE
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 \$1.00 per page, in advance, for copying charges, \$15.00 for Audio or Video recording, \$.50 per page to scan and email existing digital records and \$1.00 per page to scan and email new documents. 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 Requestor

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: _____