REQUEST TO INSPECT PUBLIC RECORDS

(IPRA REQUEST)

DATE:

REQUESTOR INFORMATION: (PLEASE PRINT NAME)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Please check the appropriate box and be specific as possible for documents being requested:

I am requesting to: ☐ INSPECT ☐ OBTAIN COPIES* ☐ PICK UP COPIES*

Please identify what records you seek with as much particularity as possible:

_____

_____

_____

Please check how you would like to receive the requested documents: ☐ EMAIL ☐ USPS MAIL ☐ PICK UP

***Copies are $1.00 per page. Flash Drives are $5.00 per drive. Cash only payments are due PRIOR to the receipt of documents.**

All Inspection of Public Records Requests are processed pursuant to the *Inspection of Public Records Act, §14.2.1 NMSA 1978*. The Regulation and Licensing Department 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*).

Received by:

_____ _____ _____

Name Date Time