



Cibola County  
700 E. Roosevelt Suite 50  
Grants, NM 87020

### REQUEST TO INSPECT PUBLIC RECORDS

#### REQUIRED INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

#### **To the Records Custodian:**

I would like to inspect and/or have copies of the following documents. If your agency or department does not maintain these public records, please provide me with the proper custodian's name and address. I understand that there will be a fee associated with this request at the rate of \$1.00/page and that I am responsible for making the payment before any copies are made.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

#### **DOCUMENTS REQUESTED TO INSPECT AND/OR COPY** (List records with reasonable particularity)

\_\_\_\_\_ I want to inspect these records      \_\_\_\_\_ I want copies of the following documents

#### Fee Schedule (**NMSA 14-2-29**)

Records Inspection: No fee/Appointment Required  
Copies (Legal or Letter Sized): \$1.00/per page  
Computer printout: \$1.00/per page.  
Milar Reproduction/Plats over 11x17: Actual Cost

Note: No fee shall be charged for cost of determining whether any document is a public record subject to disclosure.

Document Exempt \_\_\_\_\_

Notification Forwarded – Burdensome – Denied

\_\_\_\_\_ Supplied    \_\_\_\_\_ 3-day    \_\_\_\_\_ 15-day    \_\_\_\_\_ Denied

Request Forwarded To: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

\_\_\_\_\_  
Requestors Signature Upon Receipt      Date