

Town of Silver City REQUEST FOR PUBLIC RECORDS

Name of Requester _____ Date _____

Mailing Address _____

Telephone or Message # _____

In accordance with NMSA 1978, Chapter 14, Article 2, Fourth Edition January 2004, I would like to inspect the following documents (the documents you are requesting MUST be described in sufficient detail so that the Records Custodian is able to identify and locate them):

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

I promise to pay \$0.25 per page for copying fee, \$0.50 per page for copies larger than 11x17, videotape copying fees are \$15.00, CD copying fees are \$5.00 each and \$2.50 for each additional CD's containing the same information (per Resolution No. 2004-34). If the copying fees will exceed \$_____, please call me to discuss. I understand that I may be asked to pay the fee for copies in advance before any copies are made.

Note: If records are not inspected by the requester within 5 business days of notification, they will be returned to their respective departments. The requester will then be required to complete another Request for Public Records form.

Signature (Required)

Public records will be available for inspection from 8:00 a.m. to 5:00 p.m. on normal business days, in the presence of the records custodian. Original records may not be removed from the Town Offices.

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|---|-----------------------------|
| *** Office Use Only *** | |
| Date Received: _____ | Date Documents Ready: _____ |
| Approved: _____ Disapproved for the following reason(s): _____ | |
| _____ | |
| _____ Three-Day Letter Sent | Date: _____ |
| _____ Wrong Custodian Letter Sent | Date: _____ |
| _____ Excessively Burdensome Letter Sent | Date: _____ |
| _____ Denial Letter Sent | Date: _____ |
| _____ Other Letter Sent | Date: _____ |
| Date Requester Notified: _____ | How Notified: _____ |
| Date Requester Notified: _____ | How Notified: _____ |
| Date Requester Inspected Records: _____ | |
| # of Copies Made: _____ Total Charge (Incl. 5% Tax): \$ _____ Date Complete _____ | |