



# CITY OF ESPAÑOLA

## PUBLIC RECORDS REQUEST FORM

### **PROCEDURE FOR RECORDS REQUESTS**

1. Fill out form completely, including your name, address, e-mail address and a number that you can be contacted at to pick up your request.
2. Make sure your request is legible and that it is as detailed as possible with regard to dates and specific information requested to allow faster processing. Also make sure to indicate if you want copies made or if you only want to inspect records.
3. You can return this form to the City Clerk, Deputy City Clerk or Records Clerk who will note the date of your request on the form.
4. Some requests will not be available immediately, in which case you will be notified by the third business day after your request that they are not yet available and given a date the records will be available.
5. Unless the request is considered “broad and burdensome” according to the Inspection of Public Records Act, the records must be provided to you within 15 calendar days of your request.
6. Keep in mind that although most records are public information, some records are not subject to public inspection according to the Inspection of Public Records Act (IPRA). You can inspect the entire Act upon request to the City Clerk. You can find the Act online at:

[http://www.governor.state.nm.us/New\\_Mexico\\_Inspection\\_of\\_Public\\_Records.aspx](http://www.governor.state.nm.us/New_Mexico_Inspection_of_Public_Records.aspx)



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## PUBLIC RECORDS REQUEST FORM

In accordance with Section 14-2-1 NMSA 1978, as amended, I would like to inspect or be provided copies of the following: (Please list records with reasonable particularity and please indicate if you would like to inspect or receive copies).

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I promise to pay copying charges of \$.25 per page for the first 50 pages and \$.10 for each page thereafter. If the copying charges will exceed \$\_\_\_\_\_, please call me to discuss. I understand that I may be asked to pay the fee for copies in advance before the copies are made.

Public records are available from 8:00 am to 5:00 pm on normal business days. Original records may not be removed from City of Española Offices.

NAME OF REQUESTOR

DATE:

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

E-MAIL ADDRESS

SIGNATURE

PAID: \_\_\_\_\_  
DATE: \_\_\_\_\_  
CASHIER: \_\_\_\_\_

THIS REQUEST WAS: FAXED  EMAILED  MAILED   
DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
3-DAY LETTER SENT: \_\_\_\_\_  
15-DAY DEADLINE DATE: \_\_\_\_\_ # OF COPIES: \_\_\_\_\_  
DATE COMPLETED: \_\_\_\_\_ BY: \_\_\_\_\_