



REQUEST TO INSPECT PUBLIC RECORDS

DATE: _____

REQUESTER INFORMATION *(please print)*

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-Mail Address: _____

Pleas identify the records sought with reasonable particularity:

If our entity does not maintain these public records, we will forward your request to the appropriate entity and notify you in writing if that entity's Record Custodian is known by Torrance County. **Copies are \$1.00 per page and \$5.00 per CD. Payment is due prior to receipt of documents.** You will be notified in writing of the fee for your requested documents.

All Inspection of Public Records are processed pursuant to the *Inspection of Public Records Act, NMSA 1978, § 14-2-1.*

Print Name of Requester

Signature of Requester

All requests may be completed online, sent via email to IPRA@tcnm.us, or via U.S. Mail to the attention of the Records Custodian PO Box 48, Estancia, NM 87016.