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1700 N. Grand Avenue LAS VEGAS, NEW MEXICO 87701  
(505) 454-1401 FAX (505) 425-7335

**REQUEST FOR PUBLIC RECORDS**

In accordance with Section 14-2-1 NMSA 1978, as amended, I would like to inspect and / or copy the following documents: (Please list records with reasonable particularity)

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Any copy of the record (s) requested will be subject to the usual cost for copying of \$1.00 per surface copy up to the first ten (10) pages and \$.50 per surface copy thereafter per document.

I promise to pay copying charges as listed in the Above Fee Statement. 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 will be available from 8:00 a.m. to 5:00 p.m. on normal business days. Original records may not be removed from City of Las Vegas Offices.

\_\_\_\_\_  
Name of Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

**FOR DEPARTMENT USE ONLY**

The request to inspect public records is:	Forward Dept. (s): _____
Approved _____	_____
Disapproved for the following reason(s):	3 Day Deadline _____
_____	15 Day Deadline _____
_____	Date Completed _____
_____	No. of Copies _____
_____	Cost _____
_____	Receipt No. _____