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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)

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

E-mail address

FOR DEPARTMENT USE ONLY

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