

REQUEST TO INSPECT PUBLIC RECORDS

DATE: _____

TO: LEIGHANN MELANCON, CITY CLERK
CITY OF CLOVIS
321 CONNELLY
P.O. BOX 760
CLOVIS, NM 88101
lamelancon@cityofclovis.org
575-763-9632 phone/fax

FROM: Requester Name _____
Requester Organization _____
Requester Address _____
Requester Telephone _____
Requester email _____
(for electronic requests only)

____ I would like to inspect and have copies of the following records:
or
____ I would like to inspect the following records:

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

I agree to pay, in advance, the applicable fees for copying and transmitting the records. If the charges will exceed \$_____, please call me to discuss.

Please provide a receipt indicating the charges for each document.

Thank you for your prompt attention to this matter.

Sincerely,
