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 the production of documents. 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,

______________________________