



Clovis Community College

REQUEST TO INSPECT PUBLIC RECORDS FORM

All requests will be processed in accordance with the Inspection of Public Records Act, NMSA 1978, Chapter 14, Article 2.

Date: _____

REQUESTER INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: _____

RECORDS REQUESTED

I would like to inspect receive copies of the following records:
(Please list records with reasonable particularity)

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

Note: A receipt will be provided for all payments.

FOR DEPARTMENT USE ONLY

The request to inspect public records is:

Approved

Disapproved for the following reason(s):

3 Day Deadline _____

15 Day Deadline _____

Date Completed: _____

Cost: \$ _____

Receipt No. _____