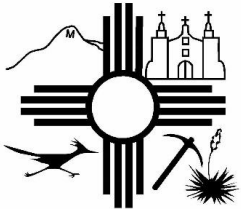


**CITY OF SOCORRO**



**CITY OF SOCORRO**

**P.O. Box K  
Socorro, NM 87801**

**PHONE: 575-835-0240**

**FAX: 575-838-4027**

**CITY OF SOCORRO**



**REQUEST FOR INSPECTION OF PUBLIC RECORDS**

TO: \_\_\_\_\_  
(Printed Records Custodian's Name)

As provided for in the Inspection of Public Records Act, Section 14-2-1 through 14-2-16 1978 the City of Socorro and its employees who have in their possession public records are obligated to make such records available upon proper request by third parties.

Please complete the following information:

I, \_\_\_\_\_, \_\_\_\_\_  
(Printed Name) (Mailing Address)

\_\_\_\_\_ am requesting the following public records from the City of Socorro.  
(Telephone Number)

Please include the date of the public records & name of records being requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to pay the copying fees (\$0.50 per page) associated with this request in accordance with the City of Socorro. If the copying fees will exceed \$25.00, please call me to discuss. I understand that I may be asked to pay the fee for copies in advance of the copies being made if the costs exceed \$25.00. Please provide a receipt indicating the copying charges.

\_\_\_\_\_  
Signature of Requester Date

**(For Official Use Only)**

Date of records will be provided: \_\_\_/\_\_\_/\_\_\_ Cost of providing copy of records: \$ \_\_\_\_\_

Signature of Records Custodian: \_\_\_\_\_