



Office of the Village Clerk  
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## REQUEST FOR PUBLIC RECORDS

**(Request may be hand-delivered, faxed, or emailed)**

REQUESTER INFORMATION			
Name:	Telephone No.:		Date of Request:
Address:	City:	State:	Zip:
Some records may be emailed at no charge depending on the type of request and the size of the record. Please provide your email address if you would like this record emailed to you.			Email Address:
I would like to inspect and/or obtain copies of the following public records: <small>(list the records with reasonable distinctiveness)</small>			
I agree to pay \$.25 per page for copying charges. If the copying charges exceed \$_____, please call me to discuss. I understand that I may be asked to pay the fee for copies in advance before you make any copies.			
Signature of Requester (type name if submitting request by email)			

FOR OFFICE USE ONLY		
Department/Custodian:	Date sent to Dept/Custodian:	Clerk's Staff Initial:
The request to inspect public records is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Reason for Disapproval:	
Date Request Responded to:	Copying Cost:	Receipt #:
COMMENTS:		