**HIDALGO COUNTY**

**REQUEST TO INSPECT PUBLIC RECORDS**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO: Hidalgo County**

**(Agency Name)**

**Tisha Green, County Manager**

**(Records Custodian)**

**305 Pyramid Street, Lordsburg, NM 88045 575-542-9428**

**(Address) (Telephone Number)**

**FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name of Company and Name of Requestor)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Address)**

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**(Telephone Number)**

**I would like to inspect and/or request copy of the following documents:**

**(List records with specific date, time, type of document requested, and description why request is being made)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**If your agency does not maintain these records, please let me know who does, and include the proper custodian’s name and address.**

**I understand that I am to pay fees related to this request. If fees are to exceed $\_\_\_\_\_\_\_\_\_\_\_\_, please**

**call me to discuss. I understand that I may be asked to pay for the fees in advance before request begins.**

**Thank you for your prompt attention to this matter.**

**Signed:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Print Name of Requestor) (Signature of Requestor)**