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Director of Federal Programs

REQUEST TO INSPECT PUBLIC RECORDS

DATE: _____

REQUESTOR INFORMATION (please complete)

Name: _____

Address: _____

Phone: _____

Email Address: _____

I would like to (please circle) inspect / copy of the following documents (Please be as specific as possible):

If our Department does not maintain these public records, you will be notified in writing.

All Inspection of Public Records Requests are processed pursuant to the Inspection of Public Records Act, §14.2.1 NMSA 1978. The requester agrees to pay the applicable fees for copying and transmitting the records if charges are excessive.

You will be notified in writing of the fee for your requested documents. Payment must be received prior to the disclosure of documents. It is a felony to tamper with, destroy, conceal, mutilate or remove public documents (§30-26-1, NMSA 1978).

Return request to:
Rae Cee Vallejos, Administrative Assistant to the Superintendent
Vallejosr@beleneagles.org
Fax to (505) 966-1005