

DULCE INDEPENDENT SCHOOLS

P.O. Box 547
Dulce, NM 87528
Phone: (575) 759-3225

Request to Inspect Public Records

TO: _____
Dulce Independent Schools
PO Box 547
Dulce, New Mexico 87528

FROM: _____
Print Name

Address

City, State, and Zip Code

Phone number where you can be reached (work, cell, home)

I would like to inspect and copy the following document(s): (if more room is needed use back side)

1. _____
2. _____
3. _____

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

I promise to pay twenty-five cents (.25) per page. (Cost for copying/scanning) I understand that I may be asked to pay the copying fee in advance before copies are made.

Please provide a receipt indicating the copying/scanning charges for each document.

Thank you for your prompt attention to this matter.

Signed: _____ Date: _____
Signature of Requester

Date Received: _____ Time: _____

Number of copies: _____ x .25= _____ Will P/U Info in Person _____ or by Mail _____

Signature of Custodian: _____