

## CITY OF LAS VEGAS

1700 N. Grand Avenue  ${\mathbb G}$  LAS VEGAS, NEW MEXICO 87701  ${\mathbb G}$  505-454-1401  ${\mathbb G}$  FAX 505-425-7335

## REQUEST FOR PUBLIC RECORDS

The City of Las Vegas' public records are available for inspection as required by law to any person submitting such a request for any lawful purpose. Please provide the following information:

Your Name:	
<b>Address:</b>	
Describe the records you want to see as specifical	ly as possible to assist us in answering you request:
Do you want copies of these records? Yes	_ No
(10) pages and \$.50 per surface copy thereafter copying. The time it will take to have your copie	ject to the usual cost for copying of \$1.00 per surface copy up to the first ten per document. The undersigned agrees to pay such charges in advance of its ready is based on the number of documents you request. The length of time negotiation. This office will make every effort to provide records at the time its disruption to our other business.
	en the hours of 8:00 AM and 12:00 PM and 5:00 PM on normal business days designee. Original records may not be removed form City offices.
Signature of person requesting inspection	Date
(OFFICE USE ONLY)	
Request forwarded to:	DATE:
Disposition of Request:	
TOTAL COST FOR COPIES: \$STAFF TIME TO COMPLETE:	(Attach receipt)(Hours/minutes)

(RETURN COMPLETE FORM AND RECEIPT TO CITY CLERK)