



REQUEST for PUBLIC RECORDS

Complete Form and Email to apdrecords@aztecnm.gov or Fax to 334-7629

Date:

Name:

Address:

(Date of Birth)

(Street)

(City, State, Zip Code)

Phone #:

Fax #:

Email:

I would like to inspect and have a copy of the following documents pursuant to the Public Records Act, Section 14-2-1 NMSA 1978.

Exception: Any law enforcement records that reveal confidential sources, methods, information or individuals accused but not charged with a crime.

Case #:

Date of Incident:

Incident Address:

There will be a fee of \$.50 per page for all public records.

(Printed Name)

Signed:

(Signature of Requester)