

El Valle de Los Ranchos Water & Sanitation District

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 Phone: (575) 751-1700 Fax: (575) 751-1690
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REQUEST FOR PUBLIC RECORDS

REQUESTER INFORMATION

| | | | |
|-----------------|-----------------------|-------------------------|-------------|
| Name: | Telephone No.: | Date of Request: | |
| Address: | City: | State: | Zip: |

REQUESTER INFORMATION

I would like to inspect and/or obtain copies of the following public records: (list the records with reasonable distinctiveness)

I agree to pay \$.50 per black/white, and \$1 per color 8.5" x 11" page for copying charges. Please note that a higher copy charge will be applied to sheets larger than an 8.5" x 11". If the copy charges exceed \$_____, please call me to discuss. I understand that I may be asked to pay the fee for copies in advance before you make any copies.

Signature of Requester

FOR OFFICE USE ONLY

| | | |
|--|-------------------------------------|-------------------------------|
| Department/Custodian: | Date sent to Dept/Custodian: | Clerk's Staff Initial: |
| The request to inspect public records is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Reason for Disapproval: | |
| Date Request Responded to: | Copying Cost: | Receipt #: |

COMMENTS:
