



## REQUEST TO INSPECT PUBLIC RECORDS

DATE: \_\_\_\_\_

PO Box 100  
Taos Ski Valley NM 87525

TO: Ann M. Wooldridge, Records Custodian

FROM: \_\_\_\_\_  
Name of Requester

(575) 776-8220  
(575) 776-1145 Fax

\_\_\_\_\_  
Mailing Address

E-mail: [vtsv@vtsv.org](mailto:vtsv@vtsv.org)

Web Site: [vtsv.org](http://vtsv.org)

\_\_\_\_\_  
City, State, Zip

MAYOR:

Christof Brownell

\_\_\_\_\_  
Telephone Number

COUNCIL:

Jeff Kern

Roger C. Pattison

J. Christopher Staggs

Thomas P. Wittman

I would like to inspect and copy the following documents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 agree to pay copying charges of \$1.00 per page for documents eleven inches by seventeen inches or smaller and the actual cost of copying per page for larger documents. For records other than documents (i.e. maps, tapes, photos) the reasonable fee is dependant on the document and will be decided by the records custodian. If the copying charges will 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.

Please provide a receipt indicating the copying charges for each document. Thank you for your prompt attention to this matter.

Signed:

\_\_\_\_\_  
Name of Requester