

ALTO LAKES SPECIAL ZONING DISTRICT

PO BOX 578, Alto, NM 88312
(575)973-3162

REQUEST FOR PUBLIC INFORMATION

(Please Print or Type)

PURSUANT TO NMSA § 14-2-1 to 14-2-12, The Inspection of Public Records Act, The Alto Lakes Special Zoning District's public records are available for inspection to any person making such a request.

Please provide the following information:

Name: _____ Tel.No: (____) _____ Fax No: (____) _____

Mailing Address: _____

Representing: _____ City: _____ State: _____

Zip Code: _____ Email Address: _____

Please check one:

_____ I want to inspect this information. _____ I would like copies of this information.

Public Information Sought (be as specific as possible / attach pages if necessary):

Any copy of the records sought will be charged \$1.00 per page for documents eleven inches by seventeen inches or smaller. The cost of larger documents will be determined based on the type of document.

If the person requesting inspection would like any public records faxed to them, then a fee of \$1.00 per page will be charged to the requestor. If the person requesting inspection would like any public records mailed to them, then an additional fee to cover the actual postage rates will be charged to the requestor. The undersigned agrees to pay such charges of copying. This office will make every effort to provide records at the time of the request or as soon as possible without serious disruption to our other business. If we need additional time to comply, you will be notified in writing to the above address by the 3rd business day that more time will be necessary.

Public records are available for inspection between the hours of 8:00 a.m.-12:00 p.m. and 1:00 p.m.- 4:30 p.m. on regular business days in the presence of the ALSZD Clerk or her authorized designee. Public records requests for the ALGCC are to be made through ALGCC. Original records may not be removed from the ALSZD offices. Requests received after 3:00 p.m. will be considered a transaction for the following business day.

Signature of Person Requesting Inspection/Copies

Date

FOR ALTO LAKES SPECIAL ZONING DISTRICT USE ONLY!

(Please Print or Type)

Date of Receipt: _____ Time of Receipt: _____

Received by: _____ Copy/Postage Costs: _____
(Signature and Title)

(Created by ALSZD Attorney on 1/7/22)