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# REQUEST TO INSPECT PUBLIC RECORDS

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

**REQUESTOR INFORMATION (please complete)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**I would like to (please circle) inspect / copy the following documents (Please be as specific as possible):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If our Department does not maintain these public records, you will be notified in writing which Department maintains the records you are interested in.

All Inspection of Public Records Requests are processed pursuant to the Inspection of Public Records Act, §14.2.1 NMSA 1978. The Department of Health charges a copy fee for all requested documents.

You will be notified in writing of the fee for your requested documents. Payment must be received prior to the disclosure of documents. It is a felony to tamper with, destroy, conceal, mutilate or remove public documents (§30-26-1, NMSA 1978).

Return requests to: Public Records Coordinator via email at:  
[DOH-IPRA@state.nm.us](mailto:DOH-IPRA@state.nm.us) or fax to (505) 827-2930

\_\_\_\_\_  
Signature of Requestor

**OFFICE OF THE SECRETARY**

1190 St. Francis Dr., Suite N4100 • P.O. Box 26110 • Santa Fe, New Mexico • 87502  
(505) 827-2613 • FAX: (505) 827-2530 • [www.nmhealth.org](http://www.nmhealth.org)

