



MICHELLE LUJAN GRISHAM  
Governor

PATRICK M. ALLEN  
Cabinet Secretary

## REQUEST TO INSPECT PUBLIC RECORDS

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

### REQUESTER 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 the Department of Health 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 may charge 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: Chief Records Custodian, P.O. Box 26110, Santa Fe, NM 87502-6110.

Electronic requests may be submitted through the Department's online portal at <https://www.nmhealth.org/about/asd/cmo/ipra/>

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Signature of Requester