



NEW MEXICO BOARD OF VETERINARY MEDICINE



Request to Inspect Public Records

DATE: _____

TO: Executive Director
Records Custodian
Email To: bvm.ipra@bvm.nm.gov
New Mexico Board of Veterinary Medicine
7301 Jefferson NE Ste H
Albuquerque, NM 87109

FROM:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

I would like to inspect and/or receive copies of the following documents:
(List records with reasonable particularity)

If your agency does not maintain these public records, please provide the custodian's name and contact information.

I agree to pay the copying fee of \$1.15 per page. Please advise if copying charges exceed \$_____. I agree to pay for copies in advance. Please provide a receipt indicating the copying charges for each document.

Thank you for your prompt attention to this matter.

Signature of Requestor: _____