

CITY OF LORDSBURG

409 W. WABASH ST.

LORDSBURG, NM 88045

575-542-3421

Date: \_\_\_\_\_

To: City Clerk

Name of Person making request: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

**Re: Public Record Request**

**I, the undersigned, am requesting the following information:**

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE NOTE: IF A VIDEO IS NEEDED, THERE WILL BE A \$20.00 FEE FOR FLASH DRIVE AS OF 1/1/22**