



HOBBS MUNICIPAL COURT

301 N. Turner
Hobbs, New Mexico 88240
Phone 575.397.9272
Fax 575.397.9365

DATE: _____

TO: _____

[NAME]
Records Custodian

[AGENCY NAME & ADDRESS].

FROM: _____

[NAME OF REQUESTER

[ADDRESS]

[TELEPHONE NUMBER]

I would like to inspect and copy the following records:
[LIST RECORDS WITH REASONABLE PARTICULARITY]

If your agency does not maintain these public records, please let me know who does, and include the proper custodian's name and address.

I agree to pay the applicable fees for copying and transmitting the records. If the charges will exceed \$_____ please call me to discuss. I understand that I may be asked to pay the fees in advance.

Please provide a receipt indicating the charges for each document.

Thank you for your prompt attention to this matter.

Sincerely,

Signature of Requestor