

# LINCOLN COUNTY CLERK

## PUBLIC INFORMATION REQUEST

(Please type or print)

NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLEASE CHECK AT LEAST ONE OF THE FOLLOWING:

- I WANT TO INSPECT/REVIEW THIS INFORMATION.
- I WOULD LIKE COPIES OF THIS INFORMATION.
- I WOULD LIKE A CERTIFIED COPY OF A DOCUMENT.

PUBLIC INFORMATION SOUGHT (be as specific as possible)

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

If requesting a copy of a marriage license please provide the following Information:

\_\_\_\_\_  
Husband's Name and Date of Birth

\_\_\_\_\_  
Wife's Name prior to marriage and Date of Birth

\_\_\_\_\_  
Date of Marriage

Certified Copy  Yes  No Number of copies: \_\_\_\_\_

Remit \$1.50 per certified copy

I understand that I will be required to pay the fees imposed by the County of Lincoln, pursuant to the Inspection of Public Records Act. The County of Lincoln has agreed to provide me with a schedule of its fees for copying public records, and upon request, will provide me with an estimate of the costs for copies of the records I am requesting. I understand this is only an estimate and that I will not receive copies of any public record until I have paid the applicable fees. I also understand some of the materials enclosed may be provided to me as a community service, and that the County is not responsible for any error liability contained therein, or any use or misuse of this information.

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

All requests for copies shall be accompanied by a self - addressed stamped envelope and paid for before copies will be sent.

**Mail to:** Lincoln County Clerk  
PO Box 338  
Carrizozo, NM 88301