



PUBLIC RECORD REQUEST FORM

*Name: _____

*Mandatory Fields

*Address: _____

*Phone: _____

Email: _____

*Documents Requested: _____

*Received Request: _____

Village Employee Print Name

*Date: _____

*Village Employee Signature

Documents Received By: _____

Requestor Print Name

Date: _____

Requestor Signature

The Village of Tijeras
PO Box 9
#12 Camino Municipal
Tijeras, NM 87059
(505) 281-1220 Fax: (505) 281-0948

"Pride in Our Past, Faith in Our Future"