



*Doña Ana County
Community and Constituent Services
Office*

"Character Counts"

845 North Motel Blvd. Las Cruces, New Mexico 88007 Phone: (575) 647-7200

Fax: (575) 525-5952

NAME: _____ DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: NM ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

AGENCY/AGENCIES INVOLVED: _____

Please describe the problem and provide copies of any relevant documents:

I hereby authorize the Doña Ana County Community and Constituent Services Office to make inquiries into the matter(s) I've described on this form. Although cases are routinely investigated in a way that maximizes discretion and seeks the fastest possible resolution, I recognize that no promise of confidentiality can be made, because this request is to a public body and therefore subject to disclosure under New Mexico law. I recognize that my issue(s) may not lie within the jurisdiction of Doña Ana County, and I may be referred to other agencies, entities and/or individuals who can better help me with the issue(s) described on this form. I am seeking assistance with this issue, and I attest that I will make no claims or file any lawsuit(s) against Doña Ana County, its elected officials, management and/or staff arising from the inquiry(s), actions and/or referrals I have requested.

Printed Name

Signature