

NEW MEXICO DEPARTMENT OF CORRECTIONS

JUL 5 9 42 AM '67

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____

RECEIVED _____
 DATE _____
 TIME _____

3. DAY NOTICES (SEE INSTRUCTIONS) _____

4. TYPE OF NOTICE: ☐ ADVANCE ☐ DAY ☐ OTHER _____

5. ADDRESS OF NOTICE: _____

6. LOCATION OF NOTICE: _____

7. DISTANCE FROM THE _____ FEET FROM THE _____ FEET FROM _____

8. DISTANCE FROM THE _____ FEET FROM THE _____ FEET FROM _____

9. ELEVATION (SHOW ELEVATION OF THE NOTICE) _____

Check appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO: _____ SUBSEQUENT REPORT OF: _____

PERFORM REMEDIAL WORK ☐ PEGS AND ALARMS ☐ REMEDIAL WORK ☐ ALTERING CHAINS ☐
 TEMPORARY ALARMS ☐ COMMENCE DAILY CHAINS ☐ PEGS AND ALARMS ☐
 PEGS AND ALARMS ☐ CHAINS THAT ARE NOT USED ☐ OTHER ☐

10. NAME OF THE COMPANY OR INDIVIDUAL WHOSE NAME IS ON THE NOTICE, INCLUDING ADDRESS AND PHONE NUMBER _____

11. NAME OF THE COMPANY OR INDIVIDUAL WHOSE NAME IS ON THE NOTICE, INCLUDING ADDRESS AND PHONE NUMBER _____

12. SIGNATURE OF THE COMPANY OR INDIVIDUAL WHOSE NAME IS ON THE NOTICE, INCLUDING ADDRESS AND PHONE NUMBER _____
 DATE _____