



# CITY OF EL PASO PUBLIC INFORMATION REQUEST

**Phone: (915) 212-0033**

**Fax: (915)212-0034**

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Address, City, State, Zip Code

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Method to Receive Records:

- Electronic Information Center
- Fax
- Pick-up copies (charge may apply)
- Regular mail (charges will apply)
- Certified mail (charges will apply)

To help the City provide the needed/wanted documents and avoid incurring additional costs, provide as much detailed information as possible to describe the records sought. Requests for “any and all” or similar broad, non-specific requests will incur higher charges in accordance with the Texas Public Information Act.

1. Specify a date range to search for documents.
2. For email requests:
  - a. Specify the employee name/email address to be searched
  - b. Specify the search word or phrase for IT to include in the email search.

Please check to agree to the redaction of information that may be confidential by law. If this box is *not* selected, be aware that the Texas Attorney General has at least 45 days to respond to a request for a decision during which time you will *not* receive the information submitted to the Attorney General.

Please provide a specific, detailed request description:

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