

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)		
possible to describe the		d avoid incurring additional costs, provide as mu and all" or similar broad, non-specific requests v	
2. For ema a. b. Under the Public Inf general categories: 1 information, and 2) of	Specify the employee name/email add Specify the search word or phrase for formation Act, some categories of infol 1) mandatory exceptions that make discretionary exceptions that allow be		nmental body to withhold
information from a n an Attorney General doing so may stream	requestor. However, a requestor ma I decision. You are not required to a	o request a decision from the Attorney Gene y permit a governmental body to redact inform gree to the redaction of any information respo you agree to redactions in this request, then you	nation without requesting nsive to your request, bu
☐ I agree to redactio☐ I do not agree to reto the City's request for	edaction and understand that I may have	ve to wait at least 45 business days for the Texas A	Attorney General to respond
If you agreed to redac	tion, you must select one or both boxes	s:	
the information you re	eceive? he redaction of information that is subj	ct to discretionary exceptions, provided such redace	·
Please provide a speci	ific, detailed request description:		