

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	x Number:	
E-Mail Address:			
Preferred Method to Receive Recor	ds:		
□Electronic Info	rmation Center		
\Box Fax			
□Pick-up copies	(charge may apply)		
□Regular mail (o	charges will apply)		
☐ Certified mail	(charges will apply)		
To help the City provide the needed possible to describe the records sou accordance with the Texas Public In:	ght. Requests for "any and all		
	nployee name/email address to arch word or phrase for IT to in some categories of information exceptions that make informations that allow but do n	nclude in the email search. on do not have to be released. Excustion confidential and require a ot require a governmental body to	n governmental body to withhold to withhold information. You may
In most instances, a government information from a requestor. Howard Attorney General decision. You doing so may streamline the handling information in a future information Please Select:	wever, a requestor may perm a are not required to agree to ang of your request. If you agr	nit a governmental body to redactory the redaction of any information	t information without requesting n responsive to your request, bu
☐ I agree to redaction. ☐ I do not agree to redaction and use to the City's request for a decision.	nderstand that I may have to wa	ait at least 45 business days for the	Texas Attorney General to respond
If you agreed to redaction, you must	select one or both boxes:		
 □ Do you agree to the redaction of the information you receive? □ Do you agree to the redaction of the information you received? 	·		·
Please provide a specific, detailed re	equest description:		