



**CITY OF EL PASO
OPEN RECORDS REQUEST
(915) 212-0033**

Date: _____

Name: _____

Company: _____

Address: _____
Address, City, State, Zip Code

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Preferred Method to Receive Records:

- E-Mail
- Fax
- Pick-up copies (charge may apply)
- Regular mail (charges will apply)
- Certified mail (charges will apply)

Specific record(s) Requested: *(please be as specific as possible so your request may be handled as quickly as possible. If this is a request for traffic warrants/fines, please include a date of birth)*
