



el paso
WATER

OPEN RECORDS REQUEST FORM

DATE: _____

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

SPECIFIC RECORDS REQUESTED:

To request information please contact:

| | |
|---------------|---|
| By mail: | El Paso Water 1154 Hawkins Blvd, 4th Floor Attn: Open Records El Paso, Texas 79925 |
| By email to: | openrecords@epwu.org |
| By fax to | 915-594-5699 |
| In person to: | 1154 Hawkins Blvd, 4th Floor |