



El Paso County Emergency Services District #2

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Fabens, TX 79838

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Fabens, TX 79838

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Open Record Request Form

NAME OF PERSON MAKING REQUEST: _____

DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE NUMBER: _____

INCIDENT / CASE NUMBER: _____

PERSON NAMED IN INCIDENT: _____

INCIDENT ADDRESS: _____

TYPE OF INCIDENT: _____

INCIDENT DATE: _____ INCIDENT TIME: _____

NOTES:

OFFICIAL USE ONLY

INITIATING OFFICER: _____

DATE: _____

ACKNOWLEDGED BY: _____

DATE: _____

COMPLETED BY: _____

DATE: _____

NUMBER OF PAGES: _____

DATE PROVIDED: _____