



EL PASO COUNTY ELECTIONS DEPARTMENT INFORMATION REQUEST FORM

Submit completed request by mail, e-mail or in person using the contact information below:

El Paso County Elections Department

500 E. San Antonio Ave., Suite 314, El Paso, Texas 79901

Phone: (915) 546-2154 Fax: (915) 546-2220 E-mail: epelections@epcounty.com

Requestor Information:

Requestor Name (Required): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number (Required): _____

E-mail Address: _____

I have been advised that it is a crime for a person to use information in connection with advertising or promoting commercial products or services that the person knows was obtained under Texas Election Code, Section 18.008. Violations may be punished by a fine of up to one year. Please allow seven to ten business days for our office to respond to your request.

Requestor's Signature: _____ Date: _____

Tips for completing section below:

1. Be as specific as possible (Example: Provide name of election, specific entity, district, precinct(s), campaign finance report(s), etc.)
2. Include date ranges, if applicable.
3. You must choose a method of delivery for information being requested.

Provide details on the information you are requesting:

Map Orders Only:

Our department makes select maps available online for download at no cost. You may also purchase a map by using this form and sending a completed copy via email to [Ruben Gamez, rgamez@epcounty.com](mailto:rgamez@epcounty.com). For any map inquiries, contact the El Paso County Elections Warehouse (915) 538-2254. The turnaround time for any map order is 2 business days.

_____ All Precinct Map Book (\$20.00)

_____ Street Index (\$20.00)

_____ 11X17 Map (\$3.00) _____ 8.5X11 Map (\$1.50) _____ 34X42 Plotter Map (\$20.00)

Method of Delivery:

_____ Paper Copy (\$.10 per page)

_____ Mailing Labels (\$10.00/1,000 labels. Customer must provide own labels, Template #5160)

_____ CD-ROM (\$5.00 including first two files. \$5.00 each additional file)

_____ Flash Drive (\$10.00 including first two files. \$5.00 each additional file)

_____ Shipping Cost (Via U.S. Postal Service \$3.00 per CD or Flash Drive)

_____ Other (Dropbox, E-mail, only if applicable)

Office Use Only:

Employee Name: _____

Employee Signature: _____

Payment: _____ Cash _____ Credit Card _____ Check # _____ Total: \$ _____