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Public Information Request Form

This form may be submitted in person, faxed, or emailed to the above information.

I, _____, under the Texas Public Information Act request the following:

Contact Information

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Distribution Method: Pick-up Mail Email

Signature: _____ Date: _____

IT MAY TAKE UP TO 10 BUSINESS DAYS TO RESEARCH AND RESPOND TO YOUR REQUEST