



## Public Information Request Form

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You may print and submit this form or other Texas Public Information Act written request by mail or personal delivery, by fax, or by e-mail to:

Muna Javid  
1430 Collier Street  
Austin, TX 78704  
muna.javid@integralcare.org  
Fax: 512-440-4081

Requestor Full Name: \_\_\_\_\_

Organization (If Applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Cell Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Detailed description of your request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*NOTE: Certain exceptions to disclosure of public information exist under the Texas Public Information Act. If Integral Care believes that an exception to disclosure may exist, it may seek an opinion from the Office of the Attorney General.