Public Information Request Form

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 Javaid  
1430 Collier Street  
Austin, TX  78704  
muna.javaid@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: ___________________________________________________________________

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*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.

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