



Public Information Request Form

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

Integral Care
Attn: Public Information Act Request
1430 Collier Street
Austin, TX 78704
request@integralcare.org

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 a ruling from the Office of the Attorney General regarding what information may be withheld from disclosure, and the Attorney General may take up to forty-five (45) business days to provide such ruling.