



## RECORDS REQUEST FORM

FOR REQUESTS MADE PURSUANT TO  
THE PUBLIC INFORMATION ACT AND RULES FOR RECORDS OF THE JUDICIARY

In order to provide the information that you are requesting, the Northeast Texas Public Health District (NET Health) asks that you fill out this records request form. As mandated by State law, there will be a charge for copies. Originals of official records may not be taken out of the building or area of custody.

NOTE: If requested information is deemed to be confidential under the Public Information Act (if applicable) then NET Health shall seek an opinion from the Texas Attorney General as permitted by State law.

- Information requested and date ranges (if applicable). Please be as specific as possible.

**NOTE: NET Health does NOT need the reason *why* you are asking for this information.**

| Department | Information Requested | Start Date | End Date |
|------------|-----------------------|------------|----------|
|            |                       |            |          |
|            |                       |            |          |
|            |                       |            |          |

- Copies requested? Check one of the following:

|  |     |  |                              |
|--|-----|--|------------------------------|
|  | NO  | I wish to inspect the requested record(s). |                              |
|  | YES | If yes, how many copies?                   | Enter number of copies here: |

NOTE: Inspection may not be possible as some documents may contain both confidential and open information.

NOTE: Charges for standard size paper copies are ten cents (\$0.10) per page (up to fifty (50) pages). Charges vary for non-standard and specialty copies.

- Please provide your name and telephone number for contact purposes. This contact information is necessary in the event NET Health seeks an Attorney General Opinion or has further questions while processing this records request.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Area Code Telephone Number

\_\_\_\_\_  
Email (optional)

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\*\*\* For Department Use Only \*\*\*

| Date Received | Department | Name |
|---------------|------------|------|
|---------------|------------|------|