

PUBLIC INFORMATION REQUEST

Please provide the following contact information:

First name: _____

Last name: _____

Title (circle one): Mr. Ms. Mrs.

Address: _____

City: _____

State: _____

Zip: _____

Organization or Company: _____

Phone: _____

Email: _____

Please give a description of your public information request:

Return to: Mr. Bob Brown
 Vice President for Business & Administration
 P. O. Box 3011
 Commerce, TX 75429
 Fax: 903.886.5026