

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

**REQUEST FOR INFORMATION OR OFFICIAL DETERMINATION**

INSTRUCTIONS: This form must be completed in its entirety. Incomplete information will result in a delay in response time. Specific rule/regulation citations are required to be stated in requests for official determination.

Return the form by mail, fax, or email to: Foods Group, Request for Information/Official Determination, MC 1987, Texas Department of State Health Services, P. O. Box 149347 Austin, Texas 78714-9347  
 FAX: 512-834-6681; EMAIL: [Lewis.Ressler@dshs.state.tx.us](mailto:Lewis.Ressler@dshs.state.tx.us) or [Rod.Moline@dshs.state.tx.us](mailto:Rod.Moline@dshs.state.tx.us)

Submitter Name	Company Name
Street Address	Telephone Number
	FAX Number
	Email Address
License Number <i>(if applicable)</i>	Current or Proposed Facility Type

**Request Type:**                      Information Only                      Official Determination

**Description of Request:**

**HAVE YOU OR YOUR FIRM SUBMITTED A REQUEST FOR INFORMATION OR OFFICIAL DETERMINATION DURING THE PRIOR 12 MONTHS?**

YES              NO

IF YES, WHICH TYPE OF REQUEST WAS SUBMITTED?      INFORMATION ONLY      OFFICIAL DETERMINATION

**ATTESTATION OF TRUTH & ACCURACY**

I attest that to the best of my knowledge, all data and information submitted in this request are truthful and accurate, and that no material fact has been knowingly omitted.

Signature of Submitter	Date (mm/dd/yyyy)
------------------------	-------------------

<b>FOR OFFICE USE ONLY</b>	TRACKING NUMBER:	DATE RECEIVED:
----------------------------	------------------	----------------