

GENERAL MESSAGE

TO:	POSITION:
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FROM:	POSITION:
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SUBJECT:	DATE:	TIME:
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MESSAGE: (Please note; request must include: requestor, item, quantity, place of delivery, contact person, and phone number.)

SIGNATURE:	POSITION:
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REPLY:

DATE:	TIME:	SIGNATURE/POSITION:
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CAMERON COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES **ONLY**-PLEASE FILL FORM AND E-MAIL TO LIZA MARTINEZ AT: Liza.Martinez@talho.org. LIZA WILL THEN FILL REQUEST AND THEN E-MAIL STATUS BACK TO SUBMITTER.