

Contract/Letter of Agreement

This confirmation acknowledges that:
(Licensed Provider Name)

provides emergency 911 (non-mutual aid) or emergency transfer service in the

City/County of TSA:

This agreement is made on
(Month/day/year) and is valid through
(Month/day/year)

Geo-political Sub-division

If a licensed provider coverage area falls into the geo-political sub-division criteria and does not require a contract or letter of agreement to provide emergency 911 (non-mutual aid) or emergency transfer care, that instance will need to be listed below and confirmed by a City/County/Municipal Official.

Geo-political Subdivision:

Furthermore, we understand that this signed document may be subject to future evaluation for compliance with the requirements of Texas Administrative Code Chapters 157.130 and 157.131.

Administrator (Printed Name)

City/ County/ Municipal Official (Printed name)



Administrator (Signature)

City/ County/ Municipal Official (Signature)

8-17-2020

Date

Date

Email completed form to: Indra Hernandez, Trauma Systems Specialist

Email: indra.hernandez@dshs.texas.gov