

Regional Advisory Counc	(facility) hereby directs SouthEast Texas cil (SETRAC) that the following individuals are authorized to set up an account in the
-	e, are responsible for submitting monthly data, and for the accuracy of submitted data
Representative #1:	
Email:	
Phone:	
Representative #2:	
Email:	
Phone:	
Any changes to these re	oresentatives must be approved by:
Name:	
Title:	
Signed (Facility CEO or d	esignee):
	Name
	Title
	Date