

# Texas Division of Emergency Management

## STEAR Agency Appointment Form

Each state agency requesting access information in the State of Texas Emergency Assistance Registry (STEAR) program should assign a representative to act as the point of contact for TDEM. Alternate representatives may be assigned but you must provide an appointment form for each individual.

### Agency Name:

List your agency's regions you will need access to. If statewide, please insert "statewide".

### Representative Information

Name

Title

Address

Work Phone

Mobile Phone

Fax

Email Address

By signing this document, you acknowledge that the STEAR database you are being provided access to contains private health information (PHI) and unauthorized use of this information is prohibited and protected by law. The information in the database will be used only for the purpose of planning for, responding to, and recovering from an emergency or disaster incident.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Approving Authority

\_\_\_\_\_  
Signature of Approving Authority

\_\_\_\_\_  
Title of Approving Authority

Please mail to:  
Texas Department of Public Safety  
Texas Division of Emergency Management  
PO Box # 4087  
Austin, TX 78773-0001  
Attention: Charlotte Adams, Operations Section

Email to:  
charlotte.adams@dps.texas.gov  
or  
STEAR@dps.texas.gov