



HOUSTON REGIONAL AMBER PLAN

Agency or company name: _____

Mailing address: _____

City: _____

County: _____

ZIP: _____

Critical Reach * No Yes
capability?

Critical Reach
Email: _____

**Formerly called TRAK, Critical Reach is a law enforcement notification system.*

Primary Contact Person: _____

Job Title or Rank/Unit: _____

Work Phone: _____

Work Fax: _____

Email Address:* _____

* The email address will be used as the primary method of communication unless otherwise indicated in the fax field.

Secondary Contact Person: _____

Job Title or Rank/Unit: _____

Work Phone: _____

Work Fax: _____

Email Address:* _____

* The email address will be used as the primary method of communication unless otherwise indicated in the fax field.

We agree to participate according to the Houston Regional Amber Plan.

Date: _____ Signature: _____

Please fax or email the completed Registration Form to:

Houston Regional Amber Plan
fax: 713.522.7386
email: mhulin@tcftm.org