

WWW.TXWB.USCOURTS.GOV WEB SITE MODIFICATION REQUEST FORM

REQUESTED BY:

DATE SUBMITTED:

PHONE NUMBER:

REQUEST FOR: INTRANET INTERNET BOTH

ADDITION:**

**IF THE ADDITION HAS AN EXPIRATION DATE, PLEASE INDICATE WHAT DATE TO REMOVE IT FROM THE SITE. OTHERWISE IT WILL BE REMOVED AFTER 90 DAYS. REMOVAL DATE:_____

(Addition requests will be reviewed quarterly by the web team)

Explain

MODIFY (CORRECTION):

Explain

DELETION:

Explain

IF THE REQUEST INVOLVES A FORM, PLEASE ATTACH A SAMPLE

Please submit this form to:

Mary Croy, Web Content Manager

San Antonio Division

Received Date:	Request Not Filled:
Approved Date:	Reason:
Posted Date:	