



HOUSTON HIDTA  
HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

# Hemisphere Project Request Form

Please Fax When Complete

HISC Fax : [REDACTED]

CONFIDENTIAL

Master Case Number:  Sub-Case Number:  Date/Time:

DTO Name (if applicable):  Case Name (if applicable):

HIDTA Initiative:  Yes  No   
HIDTA Initiative OR Law Enforcement Agency:   
Squad Name:

b)(6);(b)(7)(C)

From:  Secure Phone Number:  Priority:

To:  HISC - HIDTA [REDACTED] Deliver Results To:

Email Address:

**Special Instructions / Comments**

**Background / Justification / Excerpts on the Phone Numbers**

2014-07-23 07:29:56

