

OATH OF OFFICE For Local Health Authorities in the State of Texas

I, <u>Dr. Chris Borling</u>, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

Affiant 618 N. Jeffenson Mt Measant TX 75455 Mailing Address ZIP 903 563 6053 (cell) (Area Code) Phone Number (day and evening) burling mo Chotmail.com Email Address

SWORN TO and subscribed before me this <u>13</u> day of <u>June</u>, 2016.

Signature of Person Administering Oath

Brian P. Lee

Printed Name

Titus County Judge

Title



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I <u>Christopher Burling</u> do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Affianced Signature Christophen Bunling M.D. Printed Name

Titus County Health Authonity Position to Which Elected/Appointed

Titus County City and/or County

SWORN TO and subscribed before me by affiant on this <u>[3]</u> day of <u>June</u> 20 16 .

Signature of Person Authorized to Administer Oaths/Affidavits

Brian P. Lee Printed Name Titus County Judge

Title





Certificate of Appointment For a **Local Health Authority**

I,	Brian	P. Lee		_, acting in the ca	pacity as a
	ropriate designa				
			lealth Departme	nt Director	
	Mayor or Desig County Judge				
~~~		the Public Hea	lth District		
by the Texas E	ify the physicia Board of Medica	n, <u>Cha</u> al Examiners, w	istopher Bu	ed as the Local H	ealth Authority
Date term of o	ffice begins	April 7	, 2014		
Date term of o	ffice ends	April 6	, 20 <mark>18</mark> , unl	ess removed by la	W.
The Local Hea	lth Authority h	as been appoint	ed and approved	by the:	
(Check the app	ropriate designa	tion below)			
	Director,				
X	Commissioners	s Court for	Titus		County
	Board of Healt	h for the		Public He	alth District
I certify to the	above informat	ion on this the _	13 day of	June	, 20 <u>/4</u> .
		1	Jun P.S	lu	
	S	Signature of app	ointing official		

(See reverse side for instructions)

Revised by the Division of Regional and Local Health Services, February 2008