CITY OF SCHERTZ

REQUEST FOR REVIEW

Utility Acceptance

Date: _____

APPLICANT INFORMATION:

Applicant: _____
(Company Name/Contact person/Title)

Street Address, City, State, Zip: _____

Ph#: _____ Fax#: _____ E-Mail: _____

PROPERTY DESCRIPTION:

Name of Subdivision/Development: _____

Lot: _____ Block: _____ Address: _____

Survey Name: _____ Abstract#: _____ Tract # _____

Location of Property: _____ MAPSCO Ref # _____

I _____ have reviewed and approved this plan as submitted for easements and
(Print name of reviewer)

availability where it concerns _____.
(Name of Utility Company)

Signed this _____day, of _____ Month, 20____.

_____
(Reviewer's Signature)

UTILITY AGENT INFORMATION:

***** Please return this completed form to the applicant noted above. *****

Company: _____ Name/ Title: _____

Mailing Address: _____, _____, _____, _____
(Street) (City) (State) (Zip)

Phone: (____) _____-_____ Fax: (____) _____-_____