CITY OF SCHERTZ

REQUEST FOR REVIEW

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ)

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 _____ acknowledge receipt of the plans for the above mentioned subdivision.
(Print name)

Signed this _____day, of _____ Month, 20____.

_____
(Signature)