

LAKEWAY MUNICIPAL UTILITY DISTRICT

REQUEST FOR EXAMINATION AND/OR COPIES OF DISTRICT RECORDS

Please print - complete top portion of form and sign.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

I AM REQUESTING EXAMINATION OF THE FOLLOWING RECORDS: _____

I AM REQUESTING COPIES OF THE FOLLOWING RECORDS: _____

I have read and understood the District's Rate Order for GSC Cost of Copies of Public Information (only if requesting copies).

SIGNATURE **DATE**

ESTIMATED CHARGES ARE: _____ DEPOSIT: _____

AMOUNT RECEIVED: _____ BY: _____

DATE COMPLETED: _____ COPIES MADE BY: _____

COPY COUNT: _____ REFUND DUE: _____

ACTUAL COST: _____ PAYMENT DUE: _____