

APPLICATION FOR EASEMENT RELEASE
FOR PROPERTIES WITHIN LAKEWAY MUNICIPAL UTILITY DISTRICT

Application is hereby made for the release of the following easement(s) as described below:

Subdivision or Section: _____

Lot and Block No: _____

Plat book volume/page: _____

Street Address: _____

Provide common description of the easement requested for release, indicating the amount of the easement to be released (provide a survey or plat of the area with the area to be released highlighted):

Proposed use of area to be released (describe): _____

Property Owner's Name: _____

Mailing Address: _____

Telephone No.: _____

(Note: if multiple owners are joining in this request, the complete names, addresses and phone numbers on each must be included.)

APPLICANT/AGENT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE: _____ FAX: _____

The undersigned Owner/Applicant/Agent understands that the processing of this Easement Release Application will be handled in accordance with the Procedure for Requesting Release of Easements established by Lakeway MUD. It is further understood that acceptance of this application does not obligate the MUD to release the subject area.

Signed by: _____
Land Owner/Applicant/Agent

Amount Due	Amount Received	Date Received	Received by
\$50.00			