



**Request for Review
Utility Provider Certification**

Date: _____

Property Description

Name of Subdivision / Development: _____

Lot: _____ Block: _____ Address: _____

Survey Name: _____ Abstract#: _____ Tract #: _____

General Location of Property: _____

Applicant Information

Applicant: _____

Street Address, City, State, Zip: _____

Phone #: _____ Email: _____

Utility Agent Information

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

Company: _____ Name/Title: _____

Mailing Address, City, State, Zip: _____

Phone #: _____ Email: _____

I _____ have reviewed and approved this plan/plat as submitted for easements
(Print Name of Reviewer)

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

Signed this _____ day, of _____ month, 20____.

(Reviewer's Signature)