



L.U.D. OF CRYSTAL CITY

RATEPAYER - REQUEST FOR ACTION / CONCERN FORM

Date: _____

Time: _____

From: _____

Rec'd at: _____

Phone: _____

Request for Action:

Concern:

For Information Only:

Requested Timeline: _____

Signature: _____

From: Office Staff PW Staff Individual Council Member Council Committee

Routed to: _____ Date: _____ Time: _____

Action Taken: Date: _____ Time: _____ By: _____

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