



Tontitown Water Utility
Post Office Box 127
155 Fantinel Drive Suite D
Tontitown, AR 72770
PH: 479-361-2996, Fax: 501-421-8774

Request for Record Inspection

Date _____

I, _____, request records for the account below. I understand that this request will be reviewed by Tontitown Water & Sewer Commission before it is granted. I understand that I will receive the requested records in a timely manner.

Account Information for Records Requested

Account Number

Customer Name

Service Address

Requestor's Information

Requestor's Printed Name

Date

Requestor's Signature

Date

TWU Representative

Date