



UTILITIES RATE STUDY TASK FORCE

NAME: _____ DATE: _____

PHYSICAL ADDRESS: _____ City: _____, TEXAS _____

CONTACT NO.'S: _____ E-MAIL: _____

LENGTH OF RESIDENCY IN THE CITY OF EDINBURG: _____

*OCCUPATION/COMPANY NAME: _____

*BD./COMMITTEE FUNCTION EXPERIENCE/HISTORY: _____

****Please Note: The information above is required to consider the application complete.***

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