

**LCRA OSSF PROGRAM
MAINTENANCE CONTRACT & INSPECTION REPORT COVER SHEET**

Date		
Maintenance Provider Name		
TCEQ MP # (REQUIRED)		
LCRA OSSF Application Number (REQUIRED)		
Property Owners Name		
Property Address		
Contract Term (start and end dates)	Start	End
Number of Inspections a Year		
Inspection Report Date		

Email to: OSSF@LCRA.ORG