



CITY HALL 409-735-6801 FAX 409-735-3349

NAME \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

**I DO HEREBY RELINQUISH MY METER DEPOSIT TO:**

NAME \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_

TELEPHONE NO. / CELL NO. \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE NO. \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

CELL NO. / WORK PHONE NO. \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_

**H.B. 859 Entitles each utility customer to request CONFIDENTIALITY of personal information in regards to their utility account. Your mark in the box will keep your personal information confidential.**

[ ] I hereby request that all personal information in regards to my utility account be made confidential.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature (Current Customer) \_\_\_\_\_

Signature (New Customer) \_\_\_\_\_

Date Entered: \_\_\_\_\_