



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: _____