



## CUSTOMER REQUEST FOR CONFIDENTIALITY

The Water Department is a city-owned and operated utility; therefore, your water bill account information is considered public record under the Texas Public Information Act. However, a state law allows residential water customers to request that personal information and any information relating to water usage, billing amounts and payment records be kept confidential. Personal information includes your address, telephone number, and social security number.

The request for confidentiality must be submitted in writing using this form or by submitting a separate letter. Once the request is received and processed, the Water Department will not release confidential information for that customer except to:

1. government officials,
2. consumer reporting agencies,
3. contractors or subcontractors who need the information to do their jobs,
4. utility representatives, or
5. individuals for whom the customer has waived confidentiality. (Must be in writing.)

People in these categories will be required to show identification before the information will be released.

If you have already completed a form similar to this one, the Water Department requests that you complete this form in order to ensure that we have the most current up to date information on your confidentiality selection.

If you wish to request confidentiality, please complete and return the form below. If you have any questions, please call 817-392-4477. Address and billing information cannot be kept confidential until this completed and signed form is received and processed by the Water Department.

I hereby request that all personal information, and any information relating to water usage, billing amounts or payment records be kept confidential.

***Please print***

Account Number: \_\_\_\_\_ - \_\_\_\_\_  
 Service Address: \_\_\_\_\_  
 Customer Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

\_\_\_\_\_  
Customer signature (required)

\_\_\_\_\_  
Date

Please mail to:

Fort Worth Water Department  
 Confidentiality Request  
 P.O. Box 870  
 Fort Worth, Texas 76101

or bring this form to any Water Department Customer Service location listed below:

City Hall Annex Building, 908 Monroe St.  
 Southwest Office, 3741 Loop 820 S (at Trail Lake Dr.)

<b>FOR OFFICE USE ONLY</b>	
Received Date:	_____
Input by:	_____
Scan Date:	_____
Form Revised August 2015	