



## CONSENT TO DISCLOSE UTILITY CUSTOMER INFORMATION

*This form was prepared by the City of Shallowater as required by Texas H.B. No. 872, section 182.052 (c) of the Utilities Code*

### INFORMATION THAT COULD BE REQUESTED:

Data related to all services provided by the utility. Such information includes your account balance, payment history, and total use per billing period. The information provided by the utility may include any other information regarding your account contained in utility records.

### CUSTOMER'S CONSENT

Your information is treated as private by the utility and can only be disclosed as permitted by *Texas H.B. No. 872, section 182.052 (c) of the Utilities Code*. You are not required to authorize the disclosure of your customer information, and your decision not to authorize the disclosure will not affect your utility service.

Please initial by your selection:

\_\_\_\_\_ you authorize the utility to disclose your customer information to a requesting entity. This consent is valid until you terminate your service or withdraw consent by sending a written request with your name and service address to the utility at the address specified below. You may terminate this consent at any time.

\_\_\_\_\_ you DO NOT authorize the utility to disclose your customer information to a requesting entity.

By signing this form, you acknowledge and agree that you are the customer(s) of record for this account.

**Please complete this form and return it to the utility either by:**

- Email: [mhenson@shallowatertx.us](mailto:mhenson@shallowatertx.us)
- Fax: (806) 696-4300
- Mail: City of Shallowater  
PO Box 246

CUSTOMER ACCOUNT NUMBER \_\_\_\_\_

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

PRINTED CUSTOMER(S) NAME \_\_\_\_\_

SIGNATURE OF CUSTOMER(S) \_\_\_\_\_

DATE SIGNED \_\_\_\_\_ CUSTOMER PHONE NUMBER (     ) \_\_\_\_\_