



Financial Services
 Customer Service Division
 825 W. Irving Boulevard
 Irving, TX 75060
www.cityofirving.org

REQUEST FOR ACCOUNT CONFIDENTIALITY

The State of Texas provides that government operated utility must disclose customer information unless the customer requests, in writing, that their information be held confidential. In order to protect your information, you must complete the form at the bottom of this page and return it to Customer Service in person at the address above, by mail with your next monthly payment or by fax to 972 721-3733. Only the account holder may sign this form.

Additional Information: Two state legislative actions have been taken to allow protection of your customer service information. The Texas Utilities Code 182.052 allows for the protection of "personal information" upon the customer's request. Personal information is defined as an individual's address, phone number, or social security number. In addition, Senate Bill 2, effective September 2001, extended confidentiality to usage and amounts billed or collected. Neither action extends to include entity or commercial protection but rather is limited to individuals.

Information to be released: If you elect to protect your information, Customer Service will only release confidential information upon written request from you indicating what information is to be released and to whom it is to be provided.

Exceptions to the protection of information: Chapter 182 does not prohibit a government operated utility from disclosing personal information in a customer's account record to (1) an official or employee of the state, a political subdivision of the state or the United States acting in an official capacity, (2) an employee of a utility acting in connection with the employee's duties, (3) a consumer reporting agency, (4) a contractor or subcontractor approved by and providing service to the utility, the state, a political subdivision of the state, or the United States, (5) a person for whom the customer has contractually waived confidentiality for personal information, or (6) another entity that provides water, wastewater, sewer, gas, garbage or drainage service for compensation.

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I, the undersigned, have read and understand fully that by checking this box and signing this form that my personal, usage, billing and or payment information will not be released without my signed request as the primary account holder. I have read and understand the exceptions to this request regarding state and federal officials, consumer reporting agencies, etc. as listed above.

 Signature Date

 Name As It Appears on City of Irving Account Account Number

 Service Address Primary Phone Number

To be completed by City of Irving staff only.

Entered By: _____ Date: _____ Account Noted/Revised: _____