

City of Sealy, Texas Customer Information for Utility Service

Please complete as much of the following information as possible. This information will be kept confidential. To protect yourself as well as others, we require a copy of your driver's license or photo I.D. prior to providing you with services. Please print clearly!

Applicant Last Name: Applicant First Name: Applicant Middle Name: Applicant Middle Name: Spouse Middle Name: Mailing Address: Gender: Phone Number: Spouse D.O.B: Gender: Spouse Social Sec. No.: D.O.B.: Last Service Address: Spouse Email: Last Service City and Zip: Social Security No.: List all other Occupants: Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer Garbage Drainage Date to Begin Service:		
Applicant First Name: Applicant Middle Name: Spouse Middle Name: Mailing Address: Gender: Phone Number: Spouse D.O.B: Spouse Social Sec. No.: D.O.B.: Last Service Address: Last Service City and Zip: Social Security No.: List all other Occupants: Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer Pate to Begin Service:	Service Address:	
Applicant Middle Name: Mailing Address: Phone Number: Spouse D.O.B: Gender: Spouse Social Sec. No.: D.O.B.: Last Service Address: Spouse Email: Last Service City and Zip: Social Security No.: List all other Occupants: Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer Pate to Regin Service:	Applicant Last Name:	Spouse Last Name:
Mailing Address: Phone Number: Spouse D.O.B: Gender: Spouse Social Sec. No.: D.O.B.: Spouse Drivers Lic. No.: Last Service Address: Spouse Email: Last Service City and Zip: Social Security No.: List all other Occupants: Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer	Applicant First Name:	Spouse First Name:
Phone Number: Spouse D.O.B: Gender: D.O.B.: Spouse Social Sec. No.: Spouse Drivers Lic. No.: Last Service Address: Spouse Email: Last Service City and Zip: Social Security No.: List all other Occupants: Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer	Applicant Middle Name:	Spouse Middle Name:
Gender: Spouse Social Sec. No.: D.O.B.: Spouse Drivers Lic. No.: Last Service Address: Spouse Email: Last Service City and Zip: Social Security No.: List all other Occupants: Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer	Mailing Address:	Gender:
D.O.B.: Last Service Address: Last Service City and Zip: Social Security No.: List all other Occupants: Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer	Phone Number:	Spouse D.O.B:
Last Service Address: Last Service City and Zip: Social Security No.: Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer	Gender:	Spouse Social Sec. No.:
Last Service City and Zip: Social Security No.: Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer	D.O.B.:	Spouse Drivers Lic. No.:
Social Security No.: Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer	Last Service Address:	Spouse Email:
Drivers License No.: Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer	Last Service City and Zip:	
Email: Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer Date to Regin Service:	Social Security No.:	List all other Occupants:
Type of Property: Own or Rent: Circle Services Requested: Water Gas Sewer Date to Regin Service:	Drivers License No.:	
Own or Rent: Circle Services Requested: Water Gas Sewer Date to Regin Service:	Email:	
Circle Services Requested: Water Gas Sewer	Type of Property:	
· I Date to Regin Service:	Own or Rent:	
	·	Date to Begin Service:

I hereby declare and affirm, to the best of my knowledge and belief, that all statements and answers as stated herein are full, complete, and true. I, the undersigned, fully understand that I am responsible to pay for utility service or other charges which may become due to the City of Sealy at this address. All persons who sign this application shall be jointly and severally liable for any water, sewer, gas, and garbage service charges incurred at this service address.

Applicant's Signature:	Date:
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^{*}Proof of ownership or a lease agreement or authorization form completed and signed by the landlord is required to connect services. In addition, utility service will not be furnished if you owe a delinquent bill at a previous address or if all required paperwork and information are not provided.

^{*}A lien may be imposed on the property receiving utility service for and delinquent bill for such service.



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NOTICE

Request for Disclosure of Information Maintained by the City of Sealy Utilities Department

Information in your City of Sealy Utilities Department customer account record, including information regarding customer usage, services, and billing, including amounts billed or collected for utility usage, is generally excepted from disclosure under Texas Government Code, Chapter 552 (Public Information Act).* However, the Texas Utilities Code, Chapter 182 (Rights of Utilities Customers) provides that a customer of a government-operated utility may request that the government-operated utility disclose personal information in a customer's account record, including the customer's address, or any information relating to the volume or units of utility usage or the amounts billed to or collected from the individual for utility usage. Additionally, a customer or a representative of the customer may receive information excepted from disclosure if the information directly relates to utility service provided to the customer and is not otherwise confidential by law.

This form enables you to request disclosure of certain information under Texas Utilities Code, Chapter 182. If you wish to request disclosure of your information, please provide your information and check the boxes below.

Customer Name (Please	print.):		
Service Address:			
Account Number:			
Release of Information:			
•	•	ent to disclose \square my personal information and, unts billed or collected for utility usage to:	/or □ information
Name:			_
Address:			_
Driver's License No.:			
request by any member of You may rescind your request fo	f the public. or disclosure later by position officer or employee of	ent to release my account information to the providing the City of Sealy Utilities Department of a government-operated utility is immune from the B.	t written notice. A
Customer Signature:		Date:	
to: (1) an official or employee of the sta utility acting in connection with the emp services to the utility, the state, a politic	te, a political subdivision of ployee's duties; (3) a consun al subdivision of the state, o	operated utility from disclosing personal information in a cus of the state, or the United States acting in an official capacit mer reporting agency; (4) a contractor or subcontractor app or the United States; (5) a person for whom the customer h provides water, wastewater, sewer, gas, garbage, electricity,	y; (2) an employee of a proved by and providing as contractually waived
FOR OFFICE USE ONLY:	Entered by:	Date:	