



CONTACT INFORMATION UPDATE

Date: _____

Account #: _____

Customer (1) / Account name: _____

Customer (2) / Account name: _____

If customer is a business please provide contact name: _____

Service address: _____

Subdivision: _____

Detached accessory dwelling on property? Yes _____ No _____

Mailing address (if different): _____

City/state/zip: _____

(1) Phone: (h) _____ (w) _____ (c) _____

(2) Phone: (h) _____ (w) _____ (c) _____

(1) E-mail address: _____

(2) E-mail address: _____

(1) Date of Birth: _____ (1) Driver's License Number: _____ State: _____

(2) Date of Birth: _____ (2) Driver's License Number: _____ State: _____

Emergency contact: _____ Phone: _____

Customer is: Owner Tenant R/E agent Other: _____

If tenant: Owner's Name: _____ Phone: _____

Address: _____

Initial the appropriate line below concerning the release of personal information to the public. Please choose only one.

_____ I agree that only my name, address & phone number be provided.

_____ I request that all of my personal information be kept confidential.

Signature: _____

Please mail back to 5700 E. Parker Rd, Parker, TX 75002 - Attn: Water Dept.

For City Use Only: Received by: _____ Date: _____