

Four Way Special Utility District

411 North Main Street, Huntington TX, 75949-8420

phone: 936.422.4188
fax: 936.876.4012
email: fourwaywater@windstream.net
fourwaywater.com

CUSTOMER CONFIDENTIALITY REQUEST

You can now request that personal information contained in our utility records not be released to unauthorized persons. The Texas legislature enacted a bill, effective September 1, 1993 allowing Districts to give their customers the option of making the customer's address, telephone number, account records, and social security number confidential. (Texas Utility Code Confidential, Subchapter B. 182.052 (a))

IS THERE A CHARGE FOR THIS SERVICE?

Yes. There is a one-time charge of \$2.50 to cover the cost of postage and implementation which must be paid at the time of request.

HOW CAN YOU REQUEST THIS?

Simply complete the form at the bottom of this page and return it with your payment of \$2.50 to:

**Four Way Special Utility District
411 N Main St.
Huntington, TX 75949-8420**

Your response is not necessary if you do not want this service. WE MUST STILL PROVIDE THIS INFORMATION UNDER LAW TO CERTAIN PERSONS.

We must still provide this information to:

- (1) an official or employee of the state or a political subdivision of the state, or the federal government 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 services to the utility or to the state, a political subdivision of the state, the federal government, or an agency of the state or the federal government;
- (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, electricity, or drainage service for compensation.

Detach and Return This Section

Yes, I want you to make my personal information (address, telephone number, and social security number) confidential. I have enclosed my payment of \$2.50 for this service.

Account Number _____ Telephone Number _____

Name of Account Holder _____

Address _____

City, State, Zip Code _____

Signature of Customer

