



City of Pasadena – Water Billing Office  
 P.O. Box 1337  
 Pasadena, TX 77501-1337  
 713.475.5566 – Office  
 713.475.2534 - Fax  
 Email address: [customerservice-water@ci.pasadena.tx.us](mailto:customerservice-water@ci.pasadena.tx.us)  
 Website: <http://www.ci.pasadena.tx.us/>

## Request for Account Confidentiality

The State of Texas provides that a 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 the Water Billing Office in person, by mail, by e-mail or by fax. **NOTE:** Only the account holder may sign this form and there is **a one-time \$2 fee** to have this request processed.

**Information to be released:** If you elect to protect your information, the Water Billing Office 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.

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. I also understand that there is a one-time \$2 fee to have this request processed.

\_\_\_\_\_  
 Customer Name (as it appears on your bill)

\_\_\_\_\_  
 Account # (as it appears on your bill)

\_\_\_\_\_  
 Service Address

\_\_\_\_\_  
 Primary Telephone Number

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Signature Date**

*To be completed by City of Pasadena staff only:*

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

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