



REQUEST FOR CONFIDENTIALITY OF PERSONAL INFORMATION

NAME:

ACCOUNT #

SERVICE ADDRESS:

I request my personal Utility Department information be held confidential as authorized by Texas law. At my request, do not release my personal information unless requested and authorized by the exceptions stated under House Bill 859.

YES

NO

Please fill out this form with your request and mail back or bring to:

The City of Freeport
200 West 2nd Street
Freeport, Tx 77541