

Parker County Special Utility District

Disclosure of Personal Information Contained in Utility Records

Chapter 182, Subchapter B of the Texas Utilities Code makes confidential a water utility customer's address, telephone number, account records, social security number, and information relating to the volume or units of utility usage, or the amounts billed to or collected from the individual for utility usage. However, utility customers may elect to authorize disclosure of this information by completing the form at the bottom of this page and returning it to: Parker County SUD, 500 Brock Spur, Millsap TX 76066

Customers may rescind a request for disclosure by providing a written request to the address above. Your response is not necessary if you wish for your information to remain confidential.

WE MUST STILL PROVIDE THIS INFORMATION UNDER LAW TO CERTAIN PERSONS

Regardless of the confidentiality provision in Utilities Code Sec. 182.052, 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 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.

See Texas Public Information Act, Government Code Sec. 552.147, for limitations on disclosure of Social Security numbers.

Detach and Return This Section

I authorize Parker County Special Utility District to disclose my personal information, including my address, telephone number, usage and billing records, and social security number if the District receives a written request for that information.

_____ Name of Account Holder	_____ Account Number
_____ Address	_____ Telephone Number
_____ City, State, Zip Code	_____ Signature

Return this section of the form to: PCSUD 500 Brock Spur Millsap, TX 76066