

CITY OF HIDALGO

DISCONNECTION FORM

	Effective Date of Disconne	ect Service:		 	
	Name on Account:				-
	Service Address:				-
	Mailing address:				
	City:	State:	Zip	Code:	-
	Home phone:	Cell pho	ne #:	_Email	
	Type of Identification:Texas Driver's Licens	se Number:		-	
Out of State Driver's License Number:					
	Other Type of Identi	fication:		_	
	Please check the following	g that apply to your red	quest:		
	New Services	Transfer servi	ice from another ac	ddress	
	Type of Account: Residential - Is the	ere a trash can?	Yes No		
	Commercial – Do	you need a Dumpster?	? Yes No		
ntil all in ity will p	formation has been corrected. I a rovide water service under this ap	also agree to pay any and all plication. I further agree tha	previous water/sewer/ It failure to pay any cha	garbage/and other charg rges billed me on my wat	in the City not providing services es I have with the City before the er bill will cause my water service uded on my water account is paid
	Signature			Date	
		OFFIC	CE USE ONLY		
Receipt	ceipt #: Work order#:			Date:	
Clerk: _	Dep. am	nount:	Acct. #		

"The City of Hidalgo is committed to providing cost effective municipal facilities, infrastructure and services that meet the needs of citizens, businesses and visitors through well planned development resulting in exceptional quality of life"



CITY OF HIDALGO

DISCONNECTION FORM

Request for Confidentiality of Personal Information Maintained by the City of Hidalgo, Texas Utilities Departments

Personal information in your City of Hidalgo, Texas Utilities Department customer account records (e.g., your address and telephone number) is generally considered public information under the Texas Government Code, Chapter 552 (Public Information Act). The social security number of a living person is confidential and may not be released in most cases.

The Texas Utilities Code, Chapter 182 (Rights if Utilities Customers), provides that a government-operated utility may not disclose personal information if the customer requests that the government-operated utility keep the Information confidential.

A request for confidentiality under 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 connections with the employee's duties; (3) a consumer reporting agency; (4) a contractor or subcontractor approved by and providing services 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, electricity, or drainage service for compensation. A customer may rescind a request for confidentiality by providing the government-operated utility written permission to disclose personal information. A government-operated utility or an officer, agent, employee, or representative of a government-operated utility is immune from civil liability for a violation of Texas Utility Code, Subchapter B.

This form enables you to request confidentiality of your personal information under Texas Utilities Code, Chapter 182. If you wish to request confidentiality of your personal information, please competently fill out below and return this form with your payment.

	kept confidential under Texas Utilities Utilities department may charge each of	maintained by the City of Hidalgo, Texas Utilities Department be Code, Chapter 182. I understand that the City of Hidalgo, Texas customer who requests confidentiality under this subchapter a Fee f complying with the request of confidentiality. The fee Charged by tment for this service.			
	I authorize the City of Hidalgo Utilities Department to release my personal information (address and telephone number) to any third party requesting it. By my signature below, I release the City of Hidalgo, its employees, representatives, and agent's from any claims regarding the release of my personal Information as described herein.				
Printed	Name:	_Service Address:			
Mailing	Address:	_Account Number:			
Signatuı	re:	Date:			

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