

Picosa Water Supply Corporation
3274 FM 2579
Floresville, TX 78114
Office: (830) 393-4424

INFORMATION DISCLOSURE AUTHORIZATION

Pursuant to Texas Utilities Code §182.051(c)(2), a member may authorize the release of personal information maintained by the utility. By completing this form, you are voluntarily authorizing Picosa Water Supply Corporation to disclose your personal information to the person or entity identified below.

Personal information may include address, telephone number, social security number (if applicable), billing information, payment history, usage history, or other account-related information.

MEMBER INFORMATION

Account Number: _____
Service Address: _____
Member Name (Billed Party): _____
Phone Number: _____
Email Address: _____

AUTHORIZED RECIPIENT OF INFORMATION

Name of Individual or Entity: _____
Address: _____
Phone / Email: _____
Purpose of Disclosure: _____

This authorization shall remain in effect until revoked in writing by the member, or until the following date (if specified): _____

Print Name (must be billed party): _____
Signature (must be billed party): _____
Date: _____