

City of Devine

"The Name Says it All"

CONFIDENTIALITY REQUEST FORM

The City of Devine has established an Identity Theft Prevention Program which does not allow us to disclose confidential information to anyone other than the person(s) listed below.

Confidential information including password must be provided in order to release any information on any account.

The following information is to be kept on file by the City of Devine in connection with my utility account. I declare that I want this information to be kept confidential to the extent that the law allows and that all information is **true** to the best of my knowledge.

Name: _____

Residential Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Social Security #: _____ - _____ - _____ Over 62: YES _____ NO _____
(OPTIONAL)

TX Driver's License Number: _____ Date of Birth: _____

Security Password: _____

RENT OR OWN?

Do you own or are you renting the home at the address listed above?

_____ OWN

_____ RENTING

If **RENTING**, Please provide home owners name and phone number (if available)

Owner: _____

Phone Number: _____

In case of a utility emergency, the City Office may contact:

Contact Person: _____

Phone: _____

Relationship to You: _____

Other people authorized to inquire on account: _____

SIGNATURE

DATE