



Westworth Village

Water/ Sewer/ Trash Utility Application

City of Westworth Village – Utilities Department: 817-710-2505
311 Burton Hill Rd., Westworth Village, TX 76114

Application Type: Residential Commercial

Service Address: _____

RESIDENTIAL

Applicant: _____ Owner Tenant

Owner: _____

Mailing Address: _____

Email: _____ Phone #: _____

DL #: _____ State: _____ DOB: _____ Tax ID # or SSN: _____

Other Occupant: _____

Email: _____ Phone #: _____

I would like to receive my utility bills (select one): Via Email Via Mail

COMMERCIAL

Company Name: _____ Tax ID #: _____

Contact Person: _____ Title: _____

Email: _____ Phone #: _____

Driver's License #: _____ State: _____

Billing Address: _____

Other Contact: _____

Section 182.052 of the Texas Utilities Code & Local Government Code 552.136: Confidentiality Request

I would like my personal information (name, address, social security number, phone number, email address, and account number) and utility usage and billing held by the City of Westworth Village to be kept confidential. There are a few exceptions in that the City of Westworth Village may still give out personal information, if requested by government officials, consumer reporting agencies, contractors or subcontractors working for the City of Westworth Village, other utilities or individuals for whom the customer has waived confidentiality. (Must be in writing.)

I wish for my personal information to be kept confidential: Yes No

I acknowledge that removing or tampering with a water meter is a criminal offense that can result in fines and/ or criminal charges. I agree not to direct connect the public drinking water supply to any other source. If applicable, I will submit annual backflow inspection to the city. I will allow the building inspector or public works director onto my property for plumbing inspections. I acknowledge my responsibility to pay for such cross-contamination occurrences.

Applicant Signature

Date

Applicant Name (Print)

FOR INTERNAL CITY USE ONLY

A. UTILITY DEPARTMENT

- CO Verified by: _____ or CO Waived by: _____ Date: _____
- Application Received by: _____ Date: _____
- Application Payment Received by: _____ Date: _____
- Entered into Incode Account #: _____ Date: _____

B. RECORDS DEPARTMENT

Retention:

- UT5000-16a - Service applications, unless needed for (b). – Keep 1 year.
- UT5000-16b -Receipts, refund cards, and related records documenting customer deposits and refunds. – Keep until fiscal year end of refund of deposit or its credit to unpaid balance + 3 years.

CONFIDENTIALITY REQUESTS

- UT5000-03a - If indication of confidentiality is made in a customer account history - Administratively valuable after indication made.
- UT5000-03b - If indication of confidentiality is not made in a customer account history – Keep until destruction of all records that contain personal information about the customer.