



PERSONAL INFORMATION
DISCLOSURE FORM
(effective December 5, 2022)

Along with form you will need:

- Photo Identification

PERSONAL INFORMATION DISCLOSURE FORM FOR GALVESTON COUNTY WCID NO. 1

2750 FM 517 Road East
P. O. Box 307
Dickinson, TX 77539
Phone: (281) 337-1576
Fax No: (281) 534-4672

ALL BLANKS MUST BE COMPLETED BEFORE THE FORM WILL BE ACCEPTED.

ACCOUNT INFORMATION:

Today's Date: _____

Account Number: _____

Account Holder Name: _____ TX ID or TDL: _____

Service Address: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____

Email Address: _____

In accordance with Texas Utilities Code, Sec. 182.052(c), a customer has the right to request disclosure of their personal information.

I elect to have my personal information disclosed to anyone who requests access to it.

CUSTOMER'S SIGNATURE

DATE

Attach copy of photo identification (required).