



INFORMATION UPDATE FORM

Fill out the blanks that apply to what information you would like changed, sign and return to City Hall either in person, by mail, night deposit or email to dbrownlee@cityofovilla.org

ACCOUNT #: _____ DATE: _____

NAME ON ACCOUNT: _____

SECONDARY NAME: _____

ADD: _____ REMOVE: _____

ACCOUNT ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ ADD'L NUMBER: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

PURSUANT TO UTILITIES CODE CHAPTER 182 SEC. 182.052, A GOVERNMENT-OPERATED UTILITY MAY NOT DISCLOSE A CUSTOMER'S PERSONAL INFORMATION (ADDRESS, TELEPHONE NUMBER AND SOCIAL SECURITY NUMBER) IF THAT CUSTOMER REQUESTS THAT SUCH INFORMATION BE KEPT CONFIDENTIAL.

Do you want your personal information to be kept confidential? YES _____ NO _____

SIGNATURE: _____