

APPOINTMENT FORMWholesale Water and Wastewater Customer Advisory Committee

DATE:		
WHOLESALE CUSTOMER:	:	
Check all that apply:	□ Water	☐ Wastewater
under the terms of the Wholesal	le Contract for Se er System Adviso	opointed by the CUSTOMER's GOVERNING BODY ervices as the VOTING MEMBER and ALTERNATE ry Committee. The term is for the Fiscal Year beginning
Voting Member:		Alternate Member
Name		Name
Title		Title
Office Phone		Office Phone
Cell Phone		Cell Phone
Email Address		Email Address
Mailing Address:		Mailing Address:
		
Signature of Mayor/Board Presi	ident.	Official Seal
·		
Please complete and return as possible, but no later than Octoto:		

Fort Worth, Texas 76101

City of Fort Worth

P. O. Box 870

WaterWholesale@fortworthtexas.gov

Water Customer Service/Wholesale