

APPOINTMENT FORM

Wholesale Water and Wastewater Customer Advisory Committee

DATE:		
WHOLESALE CUSTOMER:		
Check all that apply:	□ Water	☐ Wastewater
under the terms of the Wholesale	e Contract for Se nd/or Wastewater	oppointed by the CUSTOMER's GOVERNING BOD ervices, Section 15, as the VOTING MEMBER and System Advisory Committee. The term is for the Fisc ber 30, 2019.
Voting Member:		Alternate Member
Name		Name
Title		Title
Office Phone		Office Phone
Cell Phone		Cell Phone
Email Address		Email Address
Mailing Address:		Mailing Address:
		Official Seal
Signature of Mayor/Board President		Official Seal
Please complete and return as s but no later than December 31,		

WaterWholesale@fortworthtexas.gov

or

City of Fort Worth Water Department Billing Section/Wholesale P. O. Box 870 Fort Worth, Texas 76101