

## **APPOINTMENT FORM**Wholesale Water and Wastewater Customer Advisory Committee

<b>DATE</b> :		
WHOLESALE CUSTOMEI	R:	
Check all that apply:	□ Water	☐ Wastewater
under the terms of the Wholes	ale Contract for Se ter System Advisor	opointed by the CUSTOMER's GOVERNING BODY ervices as the VOTING MEMBER and ALTERNATION Committee. The term is for the Fiscal Year beginning
Voting Member:		Alternate Member
Name		Name
Title		Title
Office Phone		Office Phone
Cell Phone	<del></del>	Cell Phone
Email Address	<del></del>	Email Address
Mailing Address:		Mailing Address:
		Official Seal
Signature of Mayor/Board Pre	esident	
Please complete and return a possible, but no later than Octo:		

WaterWholesale@fortworthtexas.gov

or

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