

## District Registration Form



When completed, mail to:

**UTILITIES AND DISTRICT SECTION, MC-152**  
**TCEQ**  
**PO BOX 13087**  
**Austin, Texas 78711-3087 or fax to: 512-239-6190**

**Legal Name of District or Authority:** \_\_\_\_\_

**District's Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**District's Telephone Number (Include Area Code):** \_\_\_\_\_

**A. BOARD MEMBERS (as applicable):**

| TITLE | FULL NAME OF<br>(First, Middle, Last) | FULL MAILING ADDRESS <small>According to U.S. Post Office</small> | TELEPHONE NUMBERS |     |      | TERM OF OFFICE  |                             |                           |
|-------|---------------------------------------|---|-------------------|-----|------|---|-----------------------------|---------------------------|
|       |                                       |   | Business          | Fax | Home | Elected(E)<br>Appointed (A)<br>Elected by<br>Precinct (P) | Term Begins<br>(mm/dd/yyyy) | Term Ends<br>(mm/dd/yyyy) |
|       |                                       |   |                   |     |      |   |                             |                           |
|       |                                       |   |                   |     |      |   |                             |                           |
|       |                                       |   |                   |     |      |   |                             |                           |
|       |                                       |   |                   |     |      |   |                             |                           |
|       |                                       |   |                   |     |      |   |                             |                           |
|       |                                       |   |                   |     |      |   |                             |                           |
|       |                                       |   |                   |     |      |   |                             |                           |

**B. CONSULTANTS AND REPRESENTATIVES (as applicable):**

| POSITION | FULL NAME OF<br>INDIVIDUAL | NAME OF FIRM OR<br>ORGANIZATION | FULL MAILING ADDRESS <small>According to U.S. Post Office Standards</small> | TELEPHONE |     |
|----------|----------------------------|---------------------------------|---|-----------|-----|
|          |                            |                                 |   | Business  | Fax |
|          |                            |                                 |   |           |     |
|          |                            |                                 |   |           |     |
|          |                            |                                 |   |           |     |
|          |                            |                                 |   |           |     |
|          |                            |                                 |   |           |     |
|          |                            |                                 |   |           |     |
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|          |                            |                                 |   |           |     |
|          |                            |                                 |   |           |     |

\*All information provided herein is subject to the Public Information Act and will be made available on our web site ([www.tceq.state.tx.us](http://www.tceq.state.tx.us))

# District Registration Form (continued)

**A. BOARD MEMBERS:** (continued)

| TITLE | FULL NAME | FULL MAILING ADDRESS <small>According to U.S. Post Office</small> | TELEPHONE NUMBERS |     |      | TERM OF OFFICE                               |                                     |                               |
|-------|-----------|---|-------------------|-----|------|--|-------------------------------------|-------------------------------|
|       |           |   | Business          | Fax | Home | Elected(E)<br>Appointed<br>(A)<br>Elected by | Term<br>Begins<br>(mm/dd/yyyy<br>y) | Term Ends<br>(mm/dd/yy<br>yy) |
|       |           |   |                   |     |      |  |                                     |                               |
|       |           |   |                   |     |      |  |                                     |                               |
|       |           |   |                   |     |      |  |                                     |                               |
|       |           |   |                   |     |      |  |                                     |                               |
|       |           |   |                   |     |      |  |                                     |                               |

**Certification:** I certify that the information contained herein is correct and complete to the best of my knowledge.

, Legal Assistant

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|                  |                               |                                      |                    |
|------------------|-------------------------------|--------------------------------------|--------------------|
| <b>Signature</b> | <b>Printed Name and Title</b> | <b>(Area Code) Daytime Telephone</b> | <b>Date Signed</b> |
|------------------|-------------------------------|--------------------------------------|--------------------|

**If you have questions on how to fill out this form or about the Water District program, please contact us at (512) 239 - 4691. Individuals are entitled to request and review their personal information that the Agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at (512) 239 - 3282.**

**C. ADDITIONAL STATUTORY REQUIREMENTS (Texas Water Code):**

1. Requirement Generally Applicable to Most Districts and Authorities:
  - a) §49.055(d). File copies of directors’ sworn statements, bonds, and oaths with the District’s records. File copies of directors’ sworn statements and oaths with the Secretary of State within 10 days after its execution.
  - b) §36.054(e) and §49.054(f). File the directors’ names, mailing addresses, and terms of office with the TCEQ within 30 days after any election or appointment.
  - c) Annual Audit and Financial Reports:
    1. §49.194(a). File audit with the TCEQ within 135 days of the District’s fiscal year end, or §49.197(d). File financial dormancy affidavit with the TCEQ by January 31, or §49.198(c). File financial report with the TCEQ within 45 days of the District’s fiscal year end.
    2. §49.194(c). File audit, financial dormancy affidavit, or financial report with the District’s records.
    3. §49.194(d). Annually, submit the District’s filing affidavit to the TCEQ with the District’s audit, financial dormancy affidavit, or financial report.
    4. §49.158. Notify the TCEQ of the District’s adoption of a fiscal year within 30 days of initial financial activity, or after a change in the District’s fiscal year.
  - d) §49.199(a). Adopt a code of ethics and other specified policies and procedures.
2. Requirements Applicable to Certain Districts and Authorities, as Specified in the Statutes:
  - a) §49.453. File with the TCEQ the name, address, and telephone number of the District’s *Agent for Notice* (the person responsible for issuing forms to comply with the Notice to Purchaser requirements of §49.452).

- b) §49.455. File information form and map, or any amendments, with each county clerk and the TCEQ.
- c) §49.451. Post district name signs at two principal entrances to the District within 30 days of the District’s creation.
- d) §49.062 Publish and file with the TCEQ a resolution establishing a meeting place outside the District.
- e) §49.307(b), §49.301(f) & §49.302. File orders excluding and annexing land with the TCEQ and in the deed records of each county(ies) in which the District is situated.

Texas Statutes can be viewed at: <http://www.capitol.state.tx.us/>