



West Harris County Regional Water Authority

Contact Information Request Form

Well Number(s): _____ New ___ Modify ___ Delete ___

Site Address: _____

Bill To: _____

Billing Address: _____

Well Status: _____

Meter Brand: _____

Multiplier: _____

Serial Number: _____

Meter Size: _____

Engineering Firm: _____

Address: _____

Owner Firm: _____

Address: _____

Engineer Name: _____

Office Phone: _____

Email: _____

Owner Contact: _____

Office Phone: _____

Email: _____

Law Firm: _____

Address: _____

Operator Firm: _____

Address: _____

Attorney Name: _____

Office Phone: _____

Email: _____

Operator Name: _____

Office Phone: _____

Mobile Phone: _____

Email: _____

Back Up Operator:

Name: _____

Office Phone: _____

Mobile Phone: _____

Email: _____

Field Contact Name: _____

Office Phone: _____

Mobile Phone: _____

Email: _____

Office Contact Name: _____

Office Phone: _____

Email: _____

Please fill in the following information in the provided fields regarding the contact information for your wells within the WHCRWA's GRP.