



# 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: \_\_\_\_\_

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.

Email completed form to [cindy.gloyna@decorp.com](mailto:cindy.gloyna@decorp.com)