



# West Harris County Regional Water Authority

## Contact Information Request Form

**Well Number(s):**

**New**

**Modify**

**Delete**

**Site Address:**

**Well Status:**

**Meter Brand:**

**Multiplier:**

**Serial Number:**

**Meter Size:**

**Calibration Date:**

**Calibration Due Date:**

**Billed to:**

**Address:**

**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 review the information auto-filled from the WHCRWA database & return any required changes to email listed below. Please save this auto-filled form for your future use to send any changes required in the future.

We added a "Clear Required Fields Only Button" to save you time by providing the option to clear only the "Well Number" maintaining the information contained in the other fields within the form that may pertain to a different Well Numbers. We maintained the "Clear All Fields Button" as well. We are providing a form for each Well permitted by the WHCRWA adding the individual Calibration Date and the Calibration Due Date for each Well.

We appreciate all your help in keeping the WHCRWA records up to date.

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 [cgloyna@gfnet.com](mailto:cgloyna@gfnet.com)