

Email completed form to cgloyna@gftinc.com

## West Harris County Regional Water Authority (WHCRWA)

## **Application For Amended Permit**

(Transfer of Ownership)

Instructions: Submit this form for each aggregate well system.		
Items marked with an * are r	equired.	
*Well No:		(Submit one form for each well.)
*Current Permittee:		
*New Owner:		
*Owner Email:		
*Address:		
*City:		
*State:	Select One	*Zip:
*Attn:		
*Phone Number:	(#	###-###-###) Ext.:
*Date of Ownership change:	(1	mm/dd/yyyy)
I CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY ABILITY		
*Applicant/Agent Name:		
*Email Address:		
*Confirm Email address:		