

West Harris County Regional Water Authority

Contact Information Request Form

Well Number(s):	New Modify Delete
Site Address:	Billed to:
Well Status:	Address:
Meter Brand & Model#:	
Multiplier:	
Serial Number:	
Meter Size:	
Calibration Date:	Engineering Firm:
Calibration Due Date:	Address:
Owner Firm:	
Address:	Engineer Name:
	Office Phone:
Owner Contact:	Email:
Office Phone:	
Email:	
	Law Firm:
Operator Firm:	Address:
Address:	
Operator Name:	Attorney Name:
Office Phone:	Office Phone:
Mobile Phone:	Email:
Email:	Please review the information auto-filled from
	the WHCRWA database & return any required
Back Up Operator:	changes to email listed below. Please save this
Name:	auto-filled form for your future use to send any
Office Phone:	changes required in the future.
Mobile Phone:	changes required in the rature.
Email:	We added a <u>"Clear Required Fields Only Button"</u>
	to save you time by providing the option to clear
Field Contact	only the "Well Number" maintaining the
Name:	information contained in the other fields within
Office Phone:	the form that may pertain to a different Well
Mobile Phone:	Numbers. We maintained the "Clear All Fields
Email:	Button" as well. We are providing a form for each
	Well permitted by the WHCRWA adding the
Office Contact	individual Calibration Date and the Calibration
Name:	Due Date for each Well.
Office Phone:	
Email:	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.