



Rock River Water Reclamation District

3501 Kishwaukee Street
P.O. Box 7480
Rockford, IL 61126-7480

Phone: 815.387.7400
Fax: 815.387.7538

Address: _____

Account Number: _____

Property Location: _____

I want a well meter installed. Yes _____ No _____

Please provide a contact phone number: _____

Upon receipt of this form, we will send you a Well Meter Fee Payment agreement.

After receipt of the signed agreement, the District will contact you to set up an installation date and time.

This form may be mailed, faxed or e-mailed.

Please print and mail this form to: Rock River Water Reclamation District
Attn: Well Meter Accounts
P.O. Box 7480
Rockford, IL 61126-7480

Fax this form to: (815) 387-7538

E-mail this form to: web_purchasing@rr wrd.dst.il.us

Thank you.