RED RIVER GROUNDWATER CONSERVATION DISTRICT

Billing Information Form				
Contact				
Name	Account Number			
Company				
Address				
City	State		Zip Code	
Phone No.		Fax No.		
Email Address				
Preferred method to receive billing (choose	one)	MAIL	EMAIL	вотн
Preferred Billing Cycle (choose one)	MONTHLY		QUARTERLY	
The District will distribute invoices on or requested monthly billing, and on or arou who have requested quarterly billing. In ord meter readings have been submitted on or after the last day	nd 45 days after er to receive an before the 15th	the last invoice for of the n	day of each quarte or payment, pleas nonth for monthly	er for well owners e make sure that all
This form must be completed on an annual changes to your billing or contact inform invoice is	•	ntact the	District immediat	•

Signature Date

Please submit this form to the District by either fax at (903) 786-8211, email at rrgcd@redrivergcd.org or mail at:

PO Box 1214

Sherman, TX 75091

For questions, please contact the District at (800) 256-0935.