

Flagg Creek Water Reclamation District

SEASONAL IRRIGATION CAP PROGRAM

Complete and return form by June 15th

Property Owner Information

Service Address: \_\_\_\_\_ Acct No: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

I am requesting the Seasonal Irrigation Cap for: \_\_ swimming pool \_\_ irrigation \_\_ other (please specify \_\_\_\_\_)

I would like the seasonal cap to apply to the following four (4) months (check 4):

MAY \_\_ JUNE \_\_ JULY \_\_ AUGUST \_\_ SEPTEMBER \_\_ OCTOBER \_\_ NOVEMBER

A \$20.00 application fee must be submitted with this application. My signature below signifies that I have read and understand the Seasonal Irrigation Cap Irrigation Program information on the attachment to this application. Checks should be made payable to the Flagg Creek Water Reclamation District. Reapplication in subsequent years is unnecessary unless the property is sold or otherwise transferred.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date Applied

For office use only

Date Received: \_\_\_\_\_

Fee Information: \_\_\_\_\_

Billing Cycle 1 2

Winter Average

Please Make Checks Payable to:

FCWRD  
7001 N. Frontage Road  
Burr Ridge, IL 60527  
(630) 323-3299