



FLAGG CREEK WATER RECLAMATION DISTRICT

7001 Frontage Road Burr Ridge, IL 60527
Phone: (630) 323-3299

SEASONAL IRRIGATION CAP PROGRAM APPLICATION

Property Owner Information

First and Last Name: _____

Service Address: _____

Account Number: _____

Home Phone: _____

Business Phone: _____

E-mail Address: _____

I am requesting the Seasonal Irrigation Cap for:

Swimming Pool Irrigation System Other (please specify) _____

A \$20.00 application fee in the form of a check or money order must be submitted with this application. Each subsequent year, a \$10.00 charge will automatically be billed to your account. There is no need to reapply each year. Only one application will be allowed per residence.

PROGRAM HIGHLIGHTS: The Seasonal Cap Period is four (4) consecutive months in duration and will generally be applied between May 1st and November 30th.

My signature below signifies that I have read and understand the Seasonal Irrigation Cap 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: _____