



**Public Works and Waste Management Department**

**TOUR REQUEST FORM**

**Date called:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

**Number of Participants:** \_\_\_\_\_

**Age Group:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

**PWWM Facility:** \_\_\_\_\_

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**Please do no write below this line.**

**Assigned Facilitator:** \_\_\_\_\_  
(PWWM Employee – please specify)

**Other:** \_\_\_\_\_

**Confirmation of Tour: To:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Via:** \_\_\_\_\_

**Release form faxed:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_