



Department of Solid Waste Management

TOUR REQUEST FORM

Date called: _____

Name of Organization: _____

Address: _____

Phone: _____

Contact Person: _____

Event Date: _____

Number of Participants: _____

Age Group: _____

Reason for Request: _____

DSWM Facility: _____

Please do not write below this line.

Assigned Facilitator: _____

(DSWM Employee – please specify)

Other: _____

Confirmation of Tour: To: _____ **Date:** _____ **Via:** _____

Release form faxed: _____

Comments: _____
