



Tour Request Form
Delta Water Supply Project

CONTACT INFORMATION

Name: _____

Organization: _____

Telephone No.: _____ E-Mail: _____

Address: _____

TOUR INFORMATION

Please list two alternative dates and times for a tour. Tours are generally available Monday – Friday, 8 am to 5 pm. Please allow at least one hour for your tour. No tours will be scheduled to start after 4 pm. Please note that the DWSP Water Treatment Plant is a working facility and may encounter unforeseen events that could result in the cancelation of a scheduled tour at any time. In this event, we will do our best to reschedule.

	<u>Date</u>	<u>Time</u>
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First Choice: _____

Second Choice: _____

Age Range of Group: _____

Number of Persons in Group (including chaperones): _____

For groups larger than 30 people, requests will be handled on a case by case basis.

Primary Interest(s) of Group: _____

Special Accommodations: _____

CITY USE ONLY

Reviewed and Scheduled by:	PROGRAM MANAGER III	DATE
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Scheduled Tour Date & Time: _____ Tour Guide: _____

Approved by:	CHIEF PLANT OPERATOR	DATE
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	DEPUTY DIRECTOR	DATE
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	OCCUPATIONAL HEALTH & SAFETY COMPLIANCE SPECIALIST	DATE
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