



Received on: _____
Follow up: _____
Managing Director: <input type="checkbox"/>
Date approved: _____
Assigned to: _____

Cambridge Water Department
250 Fresh Pond Parkway
Cambridge, MA 02138
Attn: Ralph Dunphy

617 349-4777
Fax: 617 349-7756
Email: cwd@cambridgema.gov

Tour Request Form

Today's Date _____

School /Group Name _____

Mailing address _____

Contact Person _____ Phone _____

Email address _____

Age/grade level of group _____

Number of youth _____ Number of adults _____

Please describe what you would like to learn from your visit

1st Choice Date _____ Time _____

2nd Choice Date _____ Time _____

Special Requests/Needs _____

How will you be travelling to the Facility?

Private vehicle(s) ___ Public Transportation ___ Walking ___ Biking ___ Other _____

If you are using private vehicle(s) not registered in the City of Cambridge, you will need to be issued a temporary Water Department Parking Permit. If this is the case, please submit License Plate number(s) prior to arrival {by calling Ralph Dunphy at 617 349-4777 or fax them to 617 349-7756} so Permits will be ready when you arrive.