

Approved <input type="checkbox"/>
Denied <input type="checkbox"/>



Filed on :
Follow up: <input type="checkbox"/>
Managing Director: <input type="checkbox"/>
Assigned to: _____
Scheduled :
Room:

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

617 349-4777
fax: 617 349-4796
email: [cwg@cambridgema.gov](mailto:cwd@cambridgema.gov)

Request for Tour of Fresh Pond

Purification Facility

Fresh Pond Reservation

(Please check event desired)

Date of Request: _____

Name of Applicant and Organization	Work Phone #	Home Phone #	Fax#
_____	_____	_____	_____

Address: _____ City: _____

Email: _____

Please describe what you would like to learn from your visit to the Cambridge Water Department:

Number of People: _____ Age or Grade of Group: _____

Date, Time and Duration Requested: _____

Alternate Date(s) and Time(s): _____

Special Requests/Needs: _____

Training Room

Conference Room