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  ☐