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| **auto0** |  CARMEL AREA WASTEWATER DISTRICT |

# Tour Request Form

## Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| Organization: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Preferred Tour Date: |  | Optional Tour Dates: |  | Arrival Time\*/\*\*:  |  |

*\*Please plan for 90 minutes on site. Additional time preferred*

*\*\*Latest tour start time is 2PM-- site closes at 3:30 PM*

|  |  |
| --- | --- |
| Age range of attendees: |  |

|  |  |
| --- | --- |
| Number of attendees: |  |
|  |
| Knowledge Level: |  |
| Expectations for Tour: |  |
| Any Special Needs? |  |
| Any additional Information: |  |

## Acknowledgement and Signature

I understand that each attendee needs to provide a completed liability waiver.

[Note: waivers can be brought the day of the tour]

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## Staff Use

**Distribution List:** General Manager, Safety Officer, Plant Superintendent, Lab Supervisor

**Calendaring:** Added tour to Company Calendar once confirmed: [ ]