

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

Follow up: <input type="checkbox"/>
Managing Director: <input type="checkbox"/>
Assigned to: _____
Conference Room: ____
Scheduled Date: _____



Cambridge Water Department  
250 Fresh Pond Parkway  
Cambridge, MA 02138

Fax: 617 349-4796  
email: [cwd@cambridgema.gov](mailto:cwd@cambridgema.gov)  
617-349-4770

## Request for Tour of Fresh Pond

Purification Facility

Fresh Pond Reservation

(Please check event desired)

Today's Date: \_\_\_\_\_

Name of Applicant and/or Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

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: \_\_\_\_\_

Preferred Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Alternate Date(s) and Time(s): \_\_\_\_\_ / \_\_\_\_\_

Special Requests/Needs: \_\_\_\_\_

How will you be travelling to the Facility?

Private vehicle(s)\* \_\_\_\_\_ Public Transportation \_\_\_\_\_ Walking \_\_\_\_\_ Bicycle \_\_\_\_\_ other \_\_\_\_\_