

## **Water Treatment Plant Tour Request Form**

General Information	
Contact Person:	
Email:	
Phone:	
Name of Entity (School, Group, etc.):	
City, State, Zip:	
Al	bout the Group
Number of Attendees:	
ge (4 <sup>th</sup> Grade, High School, Adult, etc.):	
Number of Chaperones (if applicable):	
Additional Information About the Gro	oup (Optional):
	split up your group to accommodate large nu
	<b>quested Dates</b> e <u>ast</u> two weeks prior to the requested tour dat
Today's Date:	
- " · · · ·	Wednesday, and Thursday between 9:00am and 3:00pm.
Tours are offered Tuesday, V	
1 <sup>st</sup> Choice (Date – Time):	
1 <sup>st</sup> Choice (Date – Time): 2 <sup>nd</sup> Choice (Date – Time):	
1 <sup>st</sup> Choice (Date – Time): 2 <sup>nd</sup> Choice (Date – Time):	

Due to safety concerns, closed toe shoes are required.

No high heels permitted.

Participants should expect to walk and climb stairs during the tour.

accommodate your initial date requests.\*\*

Please submit the completed form to <a href="wkinder@roundrocktexas.gov">wkinder@roundrocktexas.gov</a>

3400 Sunrise Road, Round Rock, TX 78665; 512-218-5555