Drinking Water Data Request Form

Information ordered by:
Company: ___________________________________ Email: ______________________
Contact: _____________________________________ Phone: ______________________
Address: ________________________________________ ___________________________
City: ________________________________________ State: _____ Zip: __________

Please state specifically what information you need:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Desired Medium: □ CD   □ Email
Electronic Format: □ MS Access   □ MS Excel   □ MS Word   □ PDF   □ ASCII Text

Cost: Data request fee is $75.00. We will contact you if the data request is complex and will cost more than $75.00.

Payment: We are able to accept payment by checks only. Checks should be made out to "OHA Drinking Water" and mailed with this completed form to the following address:

Attention: Joe Carlson
OHA Drinking Water Services
PO Box 14450
Portland, OR  97293-0450

If you are unsure of what you want, need or what Drinking Water Services can provide, please give us a call at 971-673-0470 and we will be happy to answer your questions.