



Request to tour a  
Little Rock Wastewater  
Treatment Facility

Name \_\_\_\_\_

Organization Represented \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Dates and times preferred for tour in order of preference

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

How many tourists are expected? \_\_\_\_\_

Which of the treatment plants are you interested in touring?

- \*Fourche Creek Wastewater Treatment Plant  
9500 Birdwood Avenue  
*\*(Tours are presently unavailable due to construction)*
- Adams Field Wastewater Treatment Plant  
1001 Temple Drive

Do not sign below this line. For Utility purposes only.

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- Approved
  - Not approved

Signature \_\_\_\_\_

Designated Utility Guide \_\_\_\_\_