



CLACKAMAS

**WATER
ENVIRONMENT
SERVICES**

Facility Tour Request Form

- Tours are available Tuesday – Thursday, between 9:30 AM – 1 PM. Please allow 45 minutes for each tour.
- Tour dates must be requested a minimum of two weeks in advance.
- WES reserves the right to cancel or reschedule tours due to availability of tour guides.
- Groups larger than 10 individuals will be divided into smaller groups, with a maximum of two tours per day.
- For safety, sturdy shoes with closed toes are required. No sandals or flip-flops. Long pants are required.

NAME OF BUSINESS/AFFILIATION _____

NAME OF CONTACT _____

MAILING ADDRESS _____

CONTACT PHONE _____

FAX _____

EMAIL ADDRESS _____

TOUR DATE/TIME REQUESTED _____

ALTERNATE DATE/TIME _____

NUMBER OF ATTENDEES _____

RECOMMENDED TOURS:

Tri-City Water Resource Recovery Facility (15941 S Agnes Ave, Oregon City OR 97045)

Tri-City Membrane Biological Reactor (MBR) (15941 S Agnes Ave, Oregon City OR 97045)

Tri-City WRRF Water Quality Lab (15941 S Agnes Ave, Oregon City OR 97045)

Kellogg Creek Water Resource Recovery Facility (11525 SE McLoughlin Blvd, Milwaukie OR 97222)

Hoodland Water Resource Recovery Facility (24596 E Bright Ave, Welches OR 97067)

Boring Pump Station (13305 SE Richey Road, Boring OR 97009)

***SPECIAL ACCOMODATION NEEDS REQUESTED** _____

RESPONSIBLE PARTY SIGNATURE

DATE

Please return this completed request form and any questions you may have about the tours, our processes or organization to the attention of **Administrative Specialists** via:

Email: WES-AdministrativeSpecialistRequests@clackamas.us

Fax: 503-742-4565

Mail: 150 Beaver Creek Rd #430, Oregon City, OR 97045

Customer Service: 503-742-4567



CLACKAMAS
WATER
ENVIRONMENT
SERVICES

GREGORY L. GEIST | DIRECTOR

Water Quality Protection
Surface Water Management
Wastewater Collection & Treatment

GROUP PHOTOGRAPH RELEASE

Program: SPEAKER'S BUREAU & TOURS

Project: _____

I have participated as indicated on the above project which I understand may be printed and distributed to citizens, partners and other government agencies. I expressly release Clackamas County Water Environment Services from any privacy claims I may have arising out of the use of my photograph or likeness.

Print Group Name: _____

Print Group Contact Name: _____

Signature: _____

Address _____

City, State, Zip: _____

Telephone Number: _____

Date: _____

The individuals listed below do not wish to be photographed: (please print)