



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.