



Wild Rice Watershed District

Data Request Form

Name:

Date:

Address:

Phone:

Email:

Signature:

Return by email to: info@wildricewatershed.org or by mail to: Wild Rice Watershed District, 11 5th Ave E, Ada, MN 56510

Completed By Watershed Staff

PHOTOCOPYING CHARGES: () NONE () _____ pages X \$0.25= _____
Make Check/money order payable to: Wild Rice Watershed District.

TOTAL AMOUNT DUE: \$

COMPLETED BY AND DATE:

AUTHORIZED SIGNATURE: