



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: <input type="checkbox"/> NONE		<input type="checkbox"/> _____ pages X \$0.25=_____
Make Check/money order payable to: Wild Rice Watershed District.		
TOTAL AMOUNT DUE: \$		COMPLETED BY AND DATE:
AUTHORIZED SIGNATURE:		