NORTHWOODS MIST DONATION REQUEST

Name of Person Requesting _____

Mailing Address _____

Phone _____ Email _____

Organization _____

Event/Date_____

How will this event benefit the citizens of the City of Wausau? _____

_____

_____

Is there a cost to attend this event? If yes, state amount _____

Number of bottles requested _____

Explain how you plan to use Northwoods Mist _____

_____

_____

Signature:_____

***** By signing this request form you are accepting responsibility for and personally certifying that all items received through this donation will be properly recycled. Failure to comply with this requirement will be cause for denial of all future requests.**

Please return completed request **no later than 6 weeks prior to the event** to:
Wausau Water Works, 407 Grant Street, Wausau, WI 54403 or email
to: waterworks@ci.wausau.wi.us

Date requested _____	Request Approved? Yes / No