



UPPER LOS ANGELES RIVER AREA WATERMASTER
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DATA REQUEST FORM

Date: _____

Your Name: _____

Your Company: _____

Fax No.: _____ Phone No.: _____

Name of your Client: _____

List data being requested: _____

List Groundwater Basins for which data are being requested: _____

Name of Project: _____

Complete Site Address: _____

How will the data be used: _____
