

Please Fax, Mail, or Hand-deliver your request to:

City of St. Louis Water Division

4600 McRee Avenue
St. Louis, MO 63110

Office: 314/633-9024

FAX: 314/664-4074

Facilities Information Request Form

Information Being Requested By: _____ (Please attach a business card or submit the following information on Company Letterhead)

Company Name- _____

Company Address- _____

City, State, & Zip Code- _____

Contact Number-(_____) _____ Person Making Request- _____

Company Being Represented (Client)- _____

Company Address- _____

City, State, & Zip Code- _____

Contact Number-(_____) _____ Contact Person- _____

Information Being Requested- _____

Purpose of Request- _____

(For Water Division Office Use)

Date Request Received- _____ Request Received By- _____

Approved Rejected Rejected for Rejection- _____

Request Handled By- _____

Specific Information Sent- (see back of sheet) Date Information Sent- _____