



**City of Phoenix
Water Services Department**

Document Request Authorization Form

Document: Water Booster Pump Stations, Pressure Reducing Stations, and Well Head Facilities Design and Equipment Standardization Guidance Manual (CD)

Date: _____

Requestor's Name: _____

Company and Address: _____

Phone: _____

Reason for Request:

I agree that I will not reproduce this document and distribute it to any person outside my company.

Signature: _____

REQUESTOR – PLEASE DO NOT WRITE IN THE SHADED AREA		
DEPARTMENTAL APPROVAL		
Department	Person Granting Approval	Date/Time
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