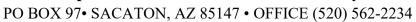


## GILA RIVER INDIAN COMMUNITY

## **Department of Environmental Quality**





## Gila River Interpretative Trail Tour Request Form

 $\Box$  Community Member/Department  $\Box$  Non-Tribal

SECTION 1. CONTACT INFORMATION						
Name:						
Department/Organization:						
Email:						
# of Vehicles:						
SECTION 2. REQUEST DATE AND TIME OF PROPOSED VISIT						
End Date/Time:						
SECTION 3. WHAT INFORMATIONARE YOU INTERESTED DURING YOUR VISIT						
(Check the following)						
□ WATER RECHARGE						
□ RESTORATION WORK						
☐ OTHER (Please explain your interests)						
SECTION 4. BRIEF EXPLANATION OF REQUEST						
(In this section also include details of request, not included above)						

\*\*\*MUST BE SUBMITTED WITHIN 3 WEEKS OF VISIT. PARK CLOSED ON HOLIDAYS\*\*\*

FOR OFFICIAL USE ONLY						
DATE RECEIVED	ACTION	STAFF	DATE DELIVERED	DATE RETURNED	STAFF	

Contact Tison Gill for any additional information: <u>Tison.Gill.DEQ@gric.nsn.us</u> or (520)-562-2766