

San Antonio Water System

Date

Face Mask Request

Utility Name

Utility Type

County

PWSID/NPDES Permit #

Utility Size (# of Customers)

Requestor Name

Requestor Title

Requestor Phone #

Requestor Email

Authorized Pick Up Person (Must match name on Driver's License)

Name

Title

Phone #

Email

Number of Essential Staff

No. of masks needed (5 masks per essential employee are allowed)

If delivery is needed, provide delivery address.