



REQUEST FOR TECHNICAL ASSISTANCE

Contact Information:

Name: _____

Home Phone: _____ Cell: _____

Email: _____

Program or Resource Area: (please check one)

- ☐ Acequia Infrastructure ☐ Forest Health & Wildfire Mitigation ☐ Soil Health
- ☐ Rangeland ☐ Noxious Weed ☐ Stream Restoration
- ☐ Water Quality ☐ Water Resources (depth to water, aquifer characteristics)
- ☐ Conservation Education

Project Location: (neighborhood, physical address, or other)

Project Description: (What do you want to do and how can we help?)

Signature: _____

Date: _____