IDAH$_2$O Data Report Request

Name _____ IDAH$_2$O Monitor # (if applicable) _____

Address _____ City _____ State _____ Zip _____

Phone # _____ E-mail (all reports delivered via e-mail) _____

Watershed or Monitoring Site of interest _____

Data requested _____ Date of data requested _____

Details for map (if requested) _____

_____

_____

Special comments: _____

_____

_____

Return form to:

IDAH$_2$O Program Coordinator
1031 North Academic Way #242
Coeur d'Alene, Idaho 83814
Phone: 208-292-1287
Fax: 208-292-2535
E-mail: idah2o@uidaho.edu