

# INTERACTIVE AIR QUALITY COMPUTER REQUEST

**Your Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

\_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

I would like to schedule the air quality computer during the 2 to 3 week period listed below:

**1<sup>st</sup> Choice:** \_\_\_\_\_

**2<sup>nd</sup> Choice:** \_\_\_\_\_

**3<sup>rd</sup> Choice:** \_\_\_\_\_

Select one:

**Computer in Kiosk:** \_\_\_\_\_

The kiosk stands 5' 2" x 2' x 2' 2"

**Table Model:** \_\_\_\_\_

Please return this form to:

Tina Hallock  
Southwest Clean Air Agency  
11815 NE 99<sup>th</sup> Street, Suite 1294  
Vancouver, WA 98682-2322  
[tina@swcleanair.org](mailto:tina@swcleanair.org)

Fax: (360) 576-0925