



**GOVERNMENT OF GUAM
DEPARTMENT OF PARKS AND RECREATION
DIPATTAMENTON PLASET YAN DIBUETSION**



REQUEST FOR ASSISTANCE AND SERVICE

Accountability of Department resources is crucial to our mission. Depending on the nature of the request, available resources, project and program priorities, your request may not be fully addressed. This request form is for non-routine services. Routine services are required services that the Department provides as part of its mandated mission and functions. To expedite each request, it is important that the Requestor complete all items. Yu'os Ma'ãse'.

Contact the appropriate Department sections if you need information or help in completing this request form.

Fax: Administration and Parks: 477-0997

Administration: 475-6296/97

Paseo Stadium: 477-8279/80

Fax: Recreation: 637-0308 477-2822

Parks Administration: 475-6288/89

Agana Swimming Pool: 472-8718

Fax: Historic Preservation: 477-2822

Guam Historic Res. Div.: 475-6295/95

Guam Sports Complex: 633-2521

Northern Reg. Pool Center: 637-7665

1. Date of Request:	2. Requesting Department / Individual / Agency / Etc.:
3. Name of Entity Representative Responsible For This Request:	
4. Representative's Contact Numbers (Telephone/Fax/Radio/Other), and E-Mail Address:	

5. Check and Specify Applicable Request(s). (If needed use continuation space below):

Document(s); Specify: _____

Written Information Regarding: _____

Park Assistance / Service; Specify: _____

Recreation Assistance / Service; Specify: _____

Historic Preservation Assistance / Service; Specify: _____

Site Numbers for temporary sites (name of site): _____

Other Assistance/Service; Be Specific: _____

6. Continuation: Please be very specific in your request. Consider the following questions: What are you requesting? Purpose of your request? Name of the RC Project? When is your request needed? Who (if any) in the Department of Parks and Recreation did you contact regarding your request? _____

7. Signature of Individual/Agency/Dept. Representative Responsible for this Request: Sign only if form is submitted by fax machine or completed at the Department.

Print Name / Sign / Date: _____

DPR Office Use: Approved action, task, activity, or other: _____

Approved by DPR Staff: Print/Sign/Date: _____