



OREGON WATER RESOURCES DEPARTMENT  
**ACCOUNT ACTIVITY RECORD**

Requester Name:

Account # and Name:

Activity Date:

Please complete and send to Abby Hungate in ASD.

Transaction Description	Number of Items or Hours	Project Name <i>(If Applicable)</i>	Customer Contact Name <i>(Person Making Copies)</i>	OWRD Personnel Providing Assistance <i>(Or Verifying Fees)</i>	Amount (\$) of Activity
Deposit to Account:					
Copying: Self Service Agency Assisted					
Faxing:					
Research:					
Other: Public Records Request Scan and Post documents Search Emails					
Other:					

Your account may be required to provide an account project number per your accounting department. If required, please have your project number ready upon any service request.