WRF DATA REQUEST FORM

Description of data:

**Model**

|  |  |
| --- | --- |
| **Dates** |  |
| **Domain, Resolution** |  |
| **Center of Domain** |  |
| **Quoted Cost** |  |

Requested by:

**Name**

|  |  |
| --- | --- |
| **Affiliation** |  |
| **Mailing Address**  |  |
| **Mailing Address** |  |
| **Telephone Number** |  |

Credit card payments can be sent via email to Ms. Helaine Katz (hkatz@exponent.com) or by fax at: 978-461-4699. If you have any technical questions, please contact Chris DesAutels (cdesautels@exponent.com).

Credit Card Information:

**Card Type: (AmEx,**

 **Mastercard or Visa)**

|  |  |
| --- | --- |
| **Card No.** |  |
| **Exp. Date** |  |
| **CVV** |  |
| **Cardholder Name** |  |
| **Signature** |  |
| **Cardholder Address**  |  |
| **Cardholder City,State,Zip** |  |

***For Office Use Only:***

**Date:**

|  |  |
| --- | --- |
| **Project Number:**  |  |
| **Project Name:** |  |

|  |  |
| --- | --- |
| **Payment Amount:** |  |