## Neon Khilek Subdistrict Administration Organization

## Multi-Purpose Water Truck Service Request Form

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Date (dd/mm/yyyy)					
To:The chief executive of Neon Khilek Subdistrict Adm	ninistration Organization				
Applicant First Name	Last ame				
AddressMooSubdistrict					
(Position)Tel	·				
Demand the support of water truck for:					
☐ConsumingLittersor as equal as	time (1 time = 6,000 Litters)				
Other activityLittersor as equal as					
Pleasespecify					
3. Expenses Payer					
☐Fully Paidby Neon Khilek SAO					
☐Fully Paid by the Applicant					
☐The Applicant Pay for water only					
Destination/Date of Request					
·	tLad Yao District, Nakhon Sawan				
Date (dd/mm/yyyy)					
For considering in advance					
Sincerely, yours					
(Name Sign)					
· · · · · · · · · · · · · · · · · · ·	)				
·					
To the chief executive of Neon Khilek SAO					
- To Inform					
- Agree to approve	☐ Approve				
	☐Not Approve				

Pol.Sen.Sgt.Maj.

(Wirat Khuntabtim)

## The List of People Suffering from Drought and Lack of Water Consumption. Attachment to the Multi-Purpose Water Delivery Request Form

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1.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.		
2.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel		
3.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel		
4.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.		
5.	First Name:		
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.		
6.	First Name:		
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.		
7.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel		
8.	First Name:		
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.		
9.	First Name:		
	Address:	Moo:	Neon Khilek Subdistrict.

	Tel.	<del>.</del>	
10.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.	<del></del>	
11.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.		
12.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.	-	
13.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.		
14.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.		
15.	First Name:	Last Name:	
	Address:	Moo:	Neon Khilek Subdistrict.
	Tel.		

I hereby to certify that the above listed persons are drought-stricken and cannot find actual water consumption.

	(	 	 	 	)	
Position		 	 	 		

Neon Khilek Subdistrict Administration Organization