



326 Huss Drive, Suite 150
Chico, California 95928
(530) 809-4616 FAX (530) 879-2444

Travel Model Request and User Agreement

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Print Name: _____

Signed: _____

Company: _____

Date: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

Email: _____

Fax: _____

Please provide the requested information above and submit a digital copy to Brian Lasagna, BCAG Regional Analyst, at blasagna@bcag.org.

Do not write below this line

Date: _____

Approval Signature: _____