



Request for a Private Water Sample

*There is a \$60 fee for a private water sample.
Please make checks payable to TLCHD*

Please Print

I _____ hereby request a water sample to be taken
(Print Name)

at _____
(Print Address)

City _____ Zip Code _____ Township _____

Phone Number _____ Email _____

Signature _____ Date _____

Office Use Only

Taken By: _____ Date: _____ Receipt Number _____