

# REQUEST FOR SERVICE

Please consider this a written request to have the **water sampling** by the Genesee County Health Department at the following location(s):

\_\_\_\_\_

Town of \_\_\_\_\_

Please mail (and/or fax) final results to:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Organization: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

I do understand the geographical location(s) of the water supply may be utilized by the Genesee County Health Department for statistical and research purposes.

I do understand I will pay \$5.00 for each sample requested.

I do understand **services will not be rendered until payment is received in full** by the Genesee County Health Department.

I have enclosed a check or money order made payable to the **Genesee County Health Department**.

<b>FEE FOR SERVICE</b>	
Water Line Sampling Collection & Processing Fee <i>(per location)</i>	\$20.00
Number of Locations	X _____
Subtotal A	\$
Samples	\$5.00
Number of Samples	X _____
Subtotal B	\$
<b>TOTAL A &amp; B</b>	<b>\$</b>

\_\_\_\_\_  
**Property Owner Signature/Authorized Individual**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Daytime Phone Number**

**Submit completed form, with payment, to:**

Genesee County Health Department  
3837 West Main Street Road  
Batavia, New York 14020

Fees are subject to change without notice; contact the Genesee County Health Department, at (585) 344-2580 ext. 5555, for a current list of approved fees.