



REQUEST FOR MICROBIOLOGICAL ASSESSMENT OF DRINKING WATER

NAME: _____

ADDRESS: _____

TELEPHONE: _____

WATER SOURCE (Roof, Bore, Stream. Etc)

REASON FOR REQUEST: _____

OFFICE USE ONLY:

ANALYSIS FEE: \$30.00 incl GST. GL-1-000-3401-10705

RECEIPT NO: _____

DATE: _____

RESULT ADVISED: