



Request for Analytical Services

Customer Info

Customer Name: _____ Contact Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

Sample Info

PWS ID COO- _____ - 000
System: _____ Chlorine: _____ mg/L
Address: _____
City: _____ State: _____ Zip: _____
Location: _____
Collected Date/Time: _____
Collected By: _____
Comments: _____

<u>Water Type:</u>	<u>Purpose:</u>
<input type="checkbox"/> Drinking	<input type="checkbox"/> Compliance
<input type="checkbox"/> GWR Raw	<input type="checkbox"/> Routine
<input type="checkbox"/> Raw	<input type="checkbox"/> Special Purpose
<input type="checkbox"/> Stream/River	<input type="checkbox"/> Repeat
<input type="checkbox"/> Spa/Pool	<input type="checkbox"/> Personal Info
<input type="checkbox"/> Swim Beach	<input type="checkbox"/> Real Estate

Test Info

- Total Coliform w/ E.coli (Present/Absent) \$20.00
- Total Coliform w/ E.coli (Enumerated) \$22.00
- E.coli (Enumerated) \$22.00
- Heterotrophic Plate Count \$24.00
- Pseudomonas (Present/Absent) \$30.00
- Pseudomonas (Enumerated) \$35.00

Payment Info

Amount Paid:

- Cash (Dropoff Only)
- Check (Payable to MCHD)
- Credit Card (Fill Out Info Below)
- To Be Billed

Name on Card: _____
Billing Address: _____
Credit Card #: _____
Expiration Date: _____
Security Code: _____

Bottle Request

_____ cases of bottles only
_____ cases of bottles w/ cardboard mailing tubes

Chain of Custody

Relinquished by: _____ Date/Time: _____
Received by: _____ Date/Time: _____