



## 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: \_\_\_\_\_

<b>Water Type:</b>	<b>Purpose:</b>
<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"/> Irrigation	<input type="checkbox"/> Repeat
<input type="checkbox"/> Stream/River	<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
  - E.coli (Enumerated) \$22.00
  - Heterotrophic Plate Count \$24.00
- Contact Lab to Order
- Total Coliform w/ E.coli (Enumerated) \$22.00

### Payment Info

Amount Paid: \$

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

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

### Bottle Request

\_\_\_\_\_ case of bottles

### Chain of Custody

Relinquished by: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_