

Application for Rainwater Sampling

D24/2774



APPLICANT DETAILS					
Full Name					
Property Address					
Phone					
Email*					
Reason for Sample					
LOCAL GOVERNMENT USE ONLY (OFFICE USE)					
RESIDENT SAMPLER					
Sample type requested	<input type="checkbox"/> Drinking water – Micro	<input type="checkbox"/> Drinking water – Chemical / metal			
Reason for sample request:	<input type="checkbox"/> Taste	<input type="checkbox"/> Illness in the house			
<input type="checkbox"/> Dr / Medically requested	<input type="checkbox"/> New installation	<input type="checkbox"/> Other			
Is the water treated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Comments					
<input type="checkbox"/> Kit given with explanation					
Date and time of kit pickup					
SHIRE SAMPLER					
Date Arranged					
TEST AND RESULTS					
<input type="checkbox"/> Test taken		Date:			
<input type="checkbox"/> Results received		Date:			
<input type="checkbox"/> Applicant informed of results		Date:			
PAYMENT INFORMATION					
Application Fee	\$100	TRIM Container: F24/75	Application TRIM No.		
Was the sample taken by Shire Officer		<input type="checkbox"/> Yes	<input type="checkbox"/> NA		
If yes	<input type="checkbox"/> Invoice created and requested via finance		Date:		
If Sample <u>not</u> taken by Shire Officer:		GST Code	Ledger	Sub	Acct
Receipt Number		300	01- 4200	105	055
<input type="checkbox"/> Pathwest Request sent		Pathwest TRIM No.			