Surface Water Sampling Request Form

(Please print. Complete entire form to avoid a delay.)

Please Select One:

☐ Bathing Beach ☐ Other Surface Water (stream, creek, etc.): _____

Sample Collection Address:

Parcel / Tax ID #: _____ Body of Water Name: _____

Street Address: _____ Owner's Name: _____

City, State & Zip: _____ City/Village/Township: _____

Contact Information

Name: _____ Contact Phone #: _____

Please send results to: ☐ check here if same as above

Name: _____

Street Address: _____ Apt or Suite #: _____

City: _____ State: _____ Zip Code: _____

E-mail (optional): _____

Sample(s) Requested:

Samples analyzed by KCHCS Lab

_____ $66.00 ($22.00 x 3 for Bathing Beach Bacteriological Sampling)

Fee Total:

_____ Total Sample Cost from Above

\+ $120.00 Sample Collection Fee

_____ **Total Cost (cash, check, VISA or Mastercard)** Please make checks payable to KCHCS

Payment can be made with cash, check (payable to *Kalamazoo County Health & Community Services Department*), or credit card. **Credit Card Payment:** For secure payment, submit the Credit Card Authorization Form to Kalamazoo County Environmental Health by MAILonly. Please return this form with payment to:

By Mail: Kalamazoo County Health & Community Services Department
Environmental Health – 311 East Alcott Street, Kalamazoo, MI 49001

By E-mail: **ehincoming@kalcounty.gov**

Applicant's Signature: _____ Date: _____