

COUNTY OF YOLO



Department of Community Service
Environmental Health Division

292 W. Beamer Street, Woodland CA 95695
Phone: (530) 666-8646 Fax: (530) 669-1448

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

FACILITY ID: _____

PWS State ID: _____

Request for Service or Cancellation: Water Sampling Collection Service

- Bacteriological Water Sample Collection Service
- Nitrate & Nitrite Water Sample Collection Service
- Cancellation of Bacteriological Water Sample Collection Service
- Cancellation of Nitrate & Nitrite Collection Service

Public Water System Name:		
Primary Contact Name:	Title:	
Phone Number:	Email:	
Mailing Address:	City:	Zip Code:

Person Requesting Service <i>(If different than above):</i>		Title:
Phone Number:	Email:	
Mailing Address:	City:	Zip Code:
Billing address <i>(If different than above):</i>	City:	Zip Code:

Current Fee Schedule (Fiscal Year 2016-2017)	
Bacteriological Water Sample Collection Service	\$197
Each Additional Bacteriological Water Sample Collection Service	\$70
Nitrate Water Sample Collection Service	\$206
Each Additional Nitrate Water Sample Collection Service	\$83

By signing this agreement, I am responsible to ensure the required fee is paid, and I have the authority from the responsible party to request these services. I hereby certify that the information in this document is true and correct to the best of my knowledge.

Signature: _____ Date: _____