

### WATER SAMPLE REQUEST

Property Address: \_\_\_\_\_ Township: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ *You will be contacted to schedule an appointment*

Check type of samples desired:

\_\_\_\_\_ Bacteriological Test

\_\_\_\_\_ Partial Chemical [Iron, Sodium, Nitrate as N, Nitrite, Hardness (CaCo3), Sulfate, Chloride, Fluoride] Test

\$ \_\_\_\_\_ Collection Fee

\$ \_\_\_\_\_ Total Amount Due (See [Current fee Schedule](#))

Please return this form with payment to:

**Kalamazoo County Health & Community Services Department**  
**Environmental Health Bureau, PO Box 42, Nazareth, MI 49074**

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HSD Use Only: Bacteria result

Nitrate result

Mailed results



### MasterCard, Visa, or Discover Card Payment Request

To pay for Kalamazoo County Environmental Health Services by fax or mail using a credit card, **fully complete** and **SIGN** this form and send it with the application.

Service Requested \_\_\_\_\_

Address of Property \_\_\_\_\_

Service Requested by \_\_\_\_\_

Cardholder's daytime phone number \_\_\_\_\_

Name of Credit Card Holder as it appears on the credit card:

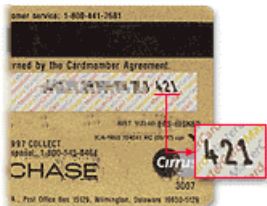
\_\_\_\_\_  
First Middle Last

#### Billing Address:

\_\_\_\_\_  
Street Address City & State Zip Code

#### Credit Card Number:

\_\_\_\_\_



V-Code: \_\_\_\_\_

The V-Code is the last three digits on the signature panel.

Expiration Date (Month & Year): \_\_\_\_/\_\_\_\_ MC \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_

Costs for services (Environmental Health Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://kalcounty.com/eh/forminfo.htm>. Costs for services can also be obtained by contacting Environmental Health staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Kalamazoo County HCS Environmental Health Fax number and Address: (269) 373-5333

Kalamazoo County HCS EH, P.O. Box 42, Nazareth, Michigan 49074-0042

\_\_\_\_\_ The area below is for office use only. \_\_\_\_\_

\_\_\_\_ Phone \_\_\_\_ Fax \_\_\_\_ Mail EH Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Authorization # \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_