

# 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*

\_\_\_\_\_ \$60.00 (\$20.00 x 3 for Bathing Beach Bacteriological Sampling)

**Fee Total:**

\_\_\_\_\_ Total Sample Cost from Above

+ \$110.00 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 FAX or MAIL only. 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 Fax:** 269-373-5333

**By E-mail:** [ehincoming@kalcounty.com](mailto:ehincoming@kalcounty.com)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





### Credit Card Payment Request

Please **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

Costs for services (Environmental Health Unit Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://www.kalcounty.com/eh/licenses.htm>. Costs for services can also be obtained by contacting Environmental Health Unit 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 Unit Fax number and Address: (269) 373-5333  
Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

**This shaded area is for office use only.**

\_\_\_\_ Phone \_\_\_\_ Fax \_\_\_\_ Mail EH Staff Initials \_\_\_\_\_ Date \_\_\_\_\_  
Authorization # \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

V-Code: \_\_\_\_ The V-Code is the last 3 digits on the signature panel.

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

Discover \_\_\_\_ AmEx \_\_\_\_

Environmental Health Unit Phone: (269) 373-5210 Fax: (269) 373-5333  
Web: [www.kalcounty.com/eh](http://www.kalcounty.com/eh)