



**Washtenaw County  
Health Department**

**Environmental Health Division**  
705 N Zeeb Road • Ann Arbor, MI 48103  
Phone: 734-222-3800 • Fax: 734-222-3930  
washtenaw.org/envhealth

*Washtenaw County Water Sample Bottle Request Form*

Date Requested: \_\_\_\_\_

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

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

Township: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please enter the number of water samples bottles you would like for each sample type (see back for more water sample tests/fees):

\_\_\_\_ Qty Coliform Bacteria (\$15 ea.)    \_\_\_\_ Qty Nitrates (\$14 ea.)    \_\_\_\_ Qty Arsenic (\$15 ea.)

\_\_\_\_ Qty Other test: \_\_\_\_\_

\_\_\_\_ Qty Other test: \_\_\_\_\_

\_\_\_\_ Qty Other test: \_\_\_\_\_

\_\_\_\_ Qty Other test: \_\_\_\_\_

**\*\*PLEASE SPECIFY IF THIS IS- (circle one): SURFACE WATER OR POTABLE (DRINKING) WATER**

**\*\*\*DO NOT EMAIL CREDIT CARD INFORMATION TO OUR OFFICE\*\*\***

Name on MasterCard/Visa/Discover (exactly as printed): \_\_\_\_\_

Billing Address for MasterCard/Visa/Discover (Street, Apt. #): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

MasterCard/Visa/Discover Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Fax Number/email copy of receipt to: \_\_\_\_\_

**I authorize Washtenaw County to process charge(s) on my MasterCard/Visa/Discover listed above:**

Signature: \_\_\_\_\_

Payment in the Amount of: \$ \_\_\_\_\_

**Confidentiality Notice:** This message, including any attachments, is intended solely for the use of the named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution of this communication is expressly prohibited. If you are not the intended recipient, please contact the sender and destroy any and all copies of the original message, including attachments.