




Water sampling request



Environmental Health

Applicant details	
Name	
Address of premises where samples are to be taken	
Phone	
Email	
Water source, e.g rainwater, bore etc.	

Water sampling required				
	up to 3 outlets		additional outlets	Number of additional outlets

APPLICATION FEE TO BE PAID ON LODGEMENT		Code: WK0092.84
Receipt No: _____		Date: _____
 In person (Cash, Cheque, EFTPOS) Customer Service Shire Civic Administration Centre 41 Wallcliffe Road Margaret River	 Telephone (Credit Card only) Please tick <input type="checkbox"/> A Customer Service Officer will contact you.	 Post (Cheque - made payable to Shire of Augusta Margaret River) Shire of Augusta Margaret River PO Box 61 Margaret River WA 6285

WATER SAMPLING REQUEST