



# NEW WATER CUSTOMER FORM

## WYOMING PUBLIC HEALTH LABORATORY

Date \_\_\_\_\_

**Name of Facility or Individual** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact Name (if other than above) \_\_\_\_\_

**Are you with a Realty Company?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which Realty Company are you with? \_\_\_\_\_

**How would you like to receive your water final report?** Check one:

U.S. Mail \_\_\_\_\_

Email \_\_\_\_\_

**Sampling Schedule** - Check one:

• One-time sample \_\_\_\_\_

• Regular sampling schedule \_\_\_\_\_ If yes, complete below.

Which months will you be sampling? \_\_\_\_\_

How many samples per month? \_\_\_\_\_

**Sample type:**

EPA # \_\_\_\_\_ Non-EPA \_\_\_\_\_ Recreational \_\_\_\_\_

**Sample received:** Yes \_\_\_\_\_ No \_\_\_\_\_

Payments:

Amount received \$ \_\_\_\_\_

Type: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check # \_\_\_\_\_

Copy to: Lab \_\_\_\_\_ Fiscal \_\_\_\_\_

Person taking information/payment \_\_\_\_\_

*For questions and information, call Wyoming Public Health Laboratory at 307-777-7431*