**WATER SAMPLE REQUEST FORM**

***Note: Water samples are only taken on Tuesday, 1:00 - 3:00 PM and Wednesday 9:00 - 11:00 AM.***

You will need to submit this form with the correct fee to:

Greene County Public Health

360 Wilson Drive

Xenia, OH 45385

Contact the Environmental Health Division at 937-374-5607 or [ehpermits@gcph.info](mailto:ehpermits@gcph.info) for the correct fee or if you have any questions.

Owner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Township \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lockbox # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Only if house is vacant with no furnishings remaining.)***

**\*\*\*\*If different from above, fill out below\*\*\*\***

Requestor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requestor’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_