

**PLEASE PRINT
ORDER FORM**

Legionella SAMPLING

1.	Company's Name Placing The Order	
2.	Company's Address	
3.	Company's City/Street/Zip	
4.	Contact Person	
5.	Phone #:	
6.	Fax #:	
7.	# Samples	
8.	Address Of The Sample Site	

Directions: [Note: Please Write Down Directions To Sample Site]

10.	Signature		Date	
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NOTE: PAYMENT TO BE PAID AT TIME OF INITIAL SAMPLING.

**Please Fax Order Form Back To Tri-Tech Labs At [407] 281-9187
If Any Problems Receiving The Order Form Please Call [407] 275-8463.**