Get the Lead Out!



Lead in Drinking Water Sampling Kit Request Form

Business Name:
Address (for shipping/reporting):
City/State/Zip:
Contact:
Phone Number:
eMail address:
Civian address.
Number of samples required (total of 1 st and 2 nd draw):
Anticipated sampling date (scheduled with lab):
Anticipated delivery method:
Save this form to pdf and e-mail it to gettheleadout@teklabinc.com or print the form and mail it to 5445 Horseshoe Lake Rd. Collinsville, IL 62234.

 $Collins ville-Spring field-Downers\ Grove$

Contact: (618) 344-1004 ext. 33 or gettheleadout@teklabinc.com