

Get the Lead Out!



Lead in Drinking Water Sampling Kit Request Form

School/District Name:

Address (for shipping/reporting):

City/State/Zip:

Contact:

Phone Number:

eMail address:

Number of samples required (with 1st and 2nd 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 Teklab Inc, 5445 Horseshoe Lake Rd, Collinsville, IL 62234.

notes

Collinsville – Springfield – Downers Grove

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