



WINNEBAGO COUNTY HEALTH DEPARTMENT
 401 Division Street
 P.O. Box 4009
 Rockford, IL 61110
 Phone: (815) 720-4100

FOR OFFICE USE ONLY:

Date Rec'd: _____

Amt. Rec'd: _____

Check#/Cash: _____

Receipt #: _____

App. #: _____

Lead in Drinking Water Test - \$45.00

INSTRUCTIONS: Complete and return this form along with your Loan Inspection Application and payment to the address shown above. (Please note: the FHA/VA Loan Inspection fee of \$205.00 already includes the \$45.00 lead water testing fee, however this form must still be completed.)

Applicant's Agreement:

I agree not to turn on or flush water at the property for a minimum of six (6) hours prior to sample collection. I understand that flushing or other use of water will invalidate this lead test.

Property Address

City

State

ZIP

Applicant Name (print)

Applicant Signature