



## Lead in Drinking Water Sampling Kit Request Form

School/District Name:

Address:

City/State/Zip:

Contact:

Phone:

Email:

Number of Samples Required (total of 1st & 2nd draw):

Anticipated Sampling Date (scheduled with lab):

Sample Delivery Method:

***Please save this form as PDF and email to [gettheleadout@teklabinc.com](mailto:gettheleadout@teklabinc.com),  
or deliver to the lab at: 120 United Drive, Collinsville, Illinois. 62234.***

Teklab, Inc.

Environmental Laboratory

Collinsville – Springfield – Downers Grove – Kansas City

Contact: (618) 344-1004 or message us at:

[teklabinc.com/contact](http://teklabinc.com/contact)