

POTABILITY OF WATER RELEASE FORM

The Public Health Ontario Laboratory has traditionally provided a bacteriological testing service to those residents of Ontario who must rely on well-water, as they do not have access to a treated municipal drinking water supply. To ensure confidentiality, laboratory results will be issued only to the individual whose name and return address appear on the data sheet, **unless the laboratory receives written permission from that individual** to release the results to another designated person.

I _____ hereby authorize the Public Health
(Individual's name that appears on the data sheet)

Ontario Laboratory to release information regarding the well water taken from the property located at

(Street Address or Lot; Concession; Township / Municipality; County)

to _____
(Name)

Signature of individual whose name appears on the data sheet:

Date: _____
(yyyy/mm/dd)