

POTABILITY OF WATER RELEASE FORM

The Public Health Ontario, Public Health Laboratories 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)

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)