

# BOLSA ANALYTICAL

State Certified Laboratory No. 1326

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## Request for Laboratory Services

### Customer information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

### Billing Address (If it is different)

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ CA \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Sampling site \_\_\_\_\_

(Please, attach a map if it is difficult to find the place)

### Analysis requested:

- Total Coliform & E. coli (Potability)     Nitrate     Perchlorate  
 Building Permit     Other \_\_\_\_\_

Turn around time:     Regular     Rush

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please, fill out the information and fax to: 831 634 1854**