



**Water Testing Consent Form**

(Must Be 18 Years Of Age To Fill Out This Form)

I \_\_\_\_\_, the property owner of the land which is located at:

\_\_\_\_\_

( Complete Mailing Address)(above)

\_\_\_\_\_

\_\_\_\_\_

(Complete Physical Address) (above)

Water needing testing – (Check one Below )

\_\_\_ Well Water

\_\_\_ Rural Water

\_\_\_ City Water

\_\_\_\_\_

Contact person & Two working phone numbers (Above)

I \_\_\_\_\_ do hereby give my consent to the Comanche Nation

Office of environmental Programs or their authorized representative to enter the said property

For the following:

\_\_\_\_\_

Signature/Date

\_\_\_\_\_

Comanche Roll #

