ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
REQUEST FOR SERVICES FORM

REQUESTER INFORMATION

Requester's First Name: _____ Requester's Last Name: _____

Contact First Name: _____ Contact Last Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Contact Phone Number: ( ) _____ - _____ Fax Number: ( ) _____ - _____

Email Address: _____

PROPERTY INFORMATION

Current Property Owner First Name: _____ Last Name: _____

Property Owner's Email Address: _____

Property Address: _____ County Where Property is Located: _____

City: _____ State: OK Zip: _____ Phone Number: ( ) _____ - _____

Subdivision: _____ Lot: _____ Block: _____

Section: _____ Township: _____ Range: _____

REQUEST

MAKE SURE ALL BLANKS HAVE BEEN COMPLETED BEFORE MAILING OR FAXING THIS FORM.

Please select all services being requested at this time and then select a form of payment below. If you choose Visa or MasterCard, or purchase order you may fax this request to (405)702-6223. Otherwise, mail this request and your check or money order made payable to DEQ to the address below:

Oklahoma Department of Environmental Quality
Administrative Services – Account Receivable
PO Box 2036
Oklahoma City, OK 73101-2036

	REQUESTED SERVICE	FEE
2929301412-101459	☐ Existing System Evaluation	$225
2929551912-100099	☐ Well Evaluation	$200
2929301412-100070	☐ Soil Test (DEQ augered)	$225
2929301412-100071	☐ Soil Test (pits provided by applicant)	$125
	TOTAL:	_____

PAYMENT INFORMATION

☐ Check made payable to DEQ ☐ Money Order made payable to DEQ ☐ Credit Card (Visa or MasterCard ONLY)

Name on Card: _____

Signature of Authorized User: _____

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Card Type: ☐ Visa ☐ MasterCard

Expiration Date: _____ / _____
Month Year

FAX TO (405) 702-6223