水務署
Water Supplies Department

Application for Visit to Waterworks Installations

Please return the completed **Application Form** by fax (2824 0578) or email (wsdinfo@wsd.gov.hk) at least ONE month prior to the date of visit.

Please read the Application Guidance Notes, the Rules for Visit to Waterworks Installations and the Personal Data Collection Statement before filling in this form.

Details of Visit

Location[#]: ☐ Ngau Tam Mei Water Treatment Works note 1 ☐ Western Salt Water Service Reservoirs note 2 ☐ Tai Po Water Treatment Works note 3 ☐ Tseung Kwan O Seawater Desalination Plant note 4

Date and Time of Visit[#]: (1st Choice) _____ ☐ AM

(2nd Choice) _____ ☐ AM

Medium of Instruction[#]: ☐ Cantonese ☐ English

[Note 1: Due to repair and maintenance, visiting activities in **Ngau Tam Mei Water Treatment Works** are suspended starting from May 2026. We apologize for any inconvenience caused.]

[Note 2: From March 2026 onwards, **Western Salt Water Service Reservoirs** accepts visitors on every third Wednesday morning of alternate months (from 10:30am to 11:30am), excluding public holidays. Visitors should be of age 13 or above.]

[Note 3: From October 2025 onwards, **Tai Po Water Treatment Works** accepts visitors on every second Thursday morning of each month (from 9:30am to 11:00am), excluding public holidays. Visitors should be of age 8 or above.]

[Note 4: From October 2025 onwards, **Tseung Kwan O Seawater Desalination Plant** accepts visitors on the first three Thursday mornings of each month (from 9:30am to 11:00am), excluding public holidays. Visitors should be of age 8 or above.]

Particulars of the Applicant (Please complete in English)

Name of School / Organisation：_____

Name of Applicant：(Mr /Ms /Miss) * _____

Title：_____

Correspondence Address：_____

Telephone：_____ Fax：_____

Email Address：_____

Contact Person on the Date of Visit：(Mr /Ms /Miss) * _____

Mobile of Contact Person：_____

(a) No. of visitors note 5 & 6 ：_____

(b) No. of Teachers / staff note 5 & 6 ：_____

[Note 5: The number of participants of each visit group (a + b) to **Ngau Tam Mei, Tai Po Water Treatment Works or Tseung Kwan O Seawater Desalination Plant** should not be less than 10 or exceed 45.]

[Note 6: The number of participants of each visit group (a + b) to **Western Salt Water Service Reservoirs** should not be less than 10 or exceed 25.]

☐ I have read and agree to abide by the Application Guidance Notes and Rules for Visit to Waterworks Installations, and I confirm that all information provided in this form is true and accurate.

☐ I hereby declare that I and the other participant(s) will ensure our health conditions are good on the date of visit. If there is any develop obvious symptoms (e.g. fever, cough, shortness of breath, vomiting and diarrhoea), I and the other participant(s) will not participate in the visit according to the recommendation.

[#] *Please select only ONE option and tick"✓" the box provided as appropriate* * *Please delete as appropriate*

For official use:

Approved Date of Visit: Reference No.:

Approving officer: Telephone:

Date:

Remark: