

### **Application for Visit to Waterworks Installations**

Please return the completed **Application Form** by fax (2824 0578) or email ([wsdinfo@wsd.gov.hk](mailto: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<sup>note 1</sup>       Ma On Shan Water Treatment Works<sup>note 2</sup>       Western Salt Water Service Reservoirs<sup>note 3</sup>

Date and Time of Visit#: (1st Choice) \_\_\_\_\_  AM     PM  
 (2nd Choice) \_\_\_\_\_  AM     PM

Medium of Instruction#:  Cantonese     English

[Note 1: From January 2019 onwards, **Ngau Tam Mei Water Treatment Works** accepts visitors on every Wednesday morning (from 9:30am to 11:00am), excluding public holidays. Visitors should be of age 8 or above.]

[Note 2: From January 2019 onwards, **Ma On Shan Water Treatment Works** accepts visitors on every Tuesday morning (from 9:30am to 11:00am) and afternoon (from 2:00pm to 3:30pm), excluding public holidays. Visitors should be of age 8 or above.]

[Note 3: From January 2019 onwards, **Western Salt Water Service Reservoirs** accepts visitors on every third Wednesday morning of the month (from 10:30am to 11:30am), excluding public holidays. Visitors should be of age 13 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<sup>note 4</sup> : \_\_\_\_\_

(b) No. of Teachers / staff<sup>note 5</sup> : \_\_\_\_\_

[Note 4: The number of participants of each visit group (a + b) to **Ngau Tam Mei or Ma On Shan Water Treatment Works** should not be less than 10 or exceed 50.]

[Note 5: 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.

# 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: