

## 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>       Western Salt Water Service Reservoirs <sup>note 2</sup>       Tai Po Water Treatment Works <sup>note 3</sup>

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

Medium of Instruction#:  Cantonese  English

[Note 1: From April 2023 onwards, **Ngau Tam Mei Water Treatment Works** accepts visitors on every second Wednesday morning of the month (from 9:30am to 11:00am), excluding public holidays. Visitors should be of age 8 or above.]

[Note 2: From April 2023 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 July 2024 onwards, **Tai Po Water Treatment Works** accepts visitors on every Thursday morning (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 <sup>note 4 & 5</sup> : \_\_\_\_\_

(b) No. of Teachers / staff <sup>note 4 & 5</sup> : \_\_\_\_\_

[Note 4: The number of participants of each visit group (a + b) to **Ngau Tam Mei or Tai Po Water Treatment Works** should not be less than 10 or exceed 45.]

[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.
- 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: \_\_\_\_\_