



IXOM NSW Water Taste Test **Entry Form**

IXOM



Council/supplier name

Sample delivered by

Best contact name

Contact phone or email

Town/location of sample

Supplied from (source)

Treatment processes

Approximate number of residents

I agree to the WIOA terms of this competition and have permission to submit this entry.

Only the identity of the four grand finalists and the supplier of the winning sample will be announced - Grand Final or Heat samples will not be ranked, nor will any of the scores be released.

The decision of the judges is final.

Signed

Date

