



渠務署

Drainage Services Department

Application Form

Visit to Sewage Treatment and Flood Prevention Facilities

Please read the Notes on Application and the [Personal Data Collection Statement](#) before filling in this form.

Location of Visit:			
Date and Time of Visit:	(1st Choice)	_____	_____
	(2nd Choice)	_____	_____
	(3rd Choice)	_____	_____
	(4th Choice)	_____	_____
No. of Visitors (including teacher and/or responsible staff):		Grade (for Student only) / Age:	
Medium of Instruction #:	<input type="checkbox"/> Cantonese	<input type="checkbox"/> English	<input type="checkbox"/> Putonghua
Purpose of Visit#:	<input type="checkbox"/> General visit to understand the facilities and its operations		
	<input type="checkbox"/> Other (please specify): _____		
<u>Particulars of Applicant</u>			
Name of Organization /School:			
Name of Applicant:		Post:	
Mailing Address:			
Tel. No.:		Fax No.:	
Email Address:			
Name of Officer-in-charge during visit:		Mobile No.:	

I wish to receive the latest electronic newsletter and visiting information from DSD in the future.

I have read and agree the Notes on Application and Personnel Data Collection Statement and I also declare that all information on this form is correct.

Please return the completed Application Form by email (enquiry@dsd.gov.hk) at least 2 weeks prior to the date of visit. For enquiries, please contact our staff at 2594 7140. Click here for [Booking Schedule](#).

Please put a "✓" on the box provided as appropriate

For Office Use Only

Date Received: _____

Reference No. _____

To Applicant:

Your Application is

Accepted _____

Not accepted Reason: _____

Name of Staff: _____ Date: _____

Telephone: _____