



渠務署

Drainage Services Department

## Application Form - Group Visit to DSD Facilities

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

<b>DETAILS OF VISIT</b>			
Location of Visit:			
Date and Time of Visit: (Please refer to the <a href="#">Booking Schedule</a> )	(1 <sup>st</sup> Choice)	Date: _____	Time: _____
	(2 <sup>nd</sup> Choice)	Date: _____	Time: _____
	(3 <sup>rd</sup> Choice)	Date: _____	Time: _____
No. of Visitors (including responsible staff):		Grade (for Student only) / Age:	
Medium of Instruction#:	<input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> Putonghua		
<b>PARTICULARS OF APPLICANT</b>			
Name of Organization/ School:		Post:	
Name of Applicant:		Gender#:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age of Applicant:	<input type="checkbox"/> 18 or above	Tel. No.:	<input type="checkbox"/> SMS
Email Address:		Fax No.:	
Mailing Address:			
<b>PARTICULARS OF OFFICER-IN-CHARGE ON VISIT DATE</b>			
Name of Officer-in-charge:		Mobile No.:	
Remarks:			

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 Personal 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](mailto:enquiry@dsd.gov.hk)) at least 2 weeks prior to the date of visit. For enquiries, please contact our staff at 3965 8160.

# 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

<u>Location</u>	<u>Date</u>	<u>Time</u>
_____	_____	_____
Reason: _____	_____	_____

Name of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Tel. No.: \_\_\_\_\_