



渠務署

Drainage Services Department

Application Form - Individual Visit to DSD Facilities

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

DETAILS OF VISIT			
Location of Visit:			
Date and Time of Visit: (Please refer to the Booking Schedule)	(1 st Choice)	Date: _____	Time: _____
	(2 nd Choice)	Date: _____	Time: _____
	(3 rd Choice)	Date: _____	Time: _____
PARTICULARS OF APPLICANT			
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.:	_____
No. of Visitors [#] : (Including the Applicant)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
PARTICULARS OF PARTICIPANTS (EXCLUDING APPLICANT)			
Name of Participant:	Mobile No.:	Email Address:	Age of Participant [^] :
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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) at least 5 days prior to the date of visit.
For enquiries, please contact our staff at 3965 8160.

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

^ Participant must be 9 years old on the activity day. If the participant is 18 years old or above, please state adult in the form.

For Office Use Only

Date Received: _____

Reference No.: _____

To Applicant:

Your Application is

	<u>Location</u>	<u>Date</u>	<u>Time</u>
<input type="checkbox"/> Accepted	_____	_____	_____
<input type="checkbox"/> Not accepted	Reason: _____		

Name of Staff: _____

Date _____

Tel. No. _____