



**IXOM**

# IXOM Water Taste Test Entry Form

**Council/supplier name**

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**Sample delivered by**

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**Best contact name**

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**Contact phone or email**

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**Town/location of sample**

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**Supplied from (source)**

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**Treatment processes**

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**Approximate number of residents**

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**SEND 1 LITRE  
SAMPLE & ENRTY  
FORM TO:**

**WIOA  
TASTE TEST ENTRY  
73 Rudd Road,  
Shepparton, Vic 3630**

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**

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**Date**

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