

Name of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Are you the current owner of the Property? \_\_\_\_\_

I would like to receive the records requested below by:

OFFICE PICKUP

FAX (\_\_\_\_) \_\_\_\_\_

MAIL \_\_\_\_\_

Description		
<b>TAX MAP#:</b>	<b>Existing House (Yes or No?)</b>	<b>Year Built:</b>
<b>Owner (as listed on deed):</b>		
<b>911 Address:</b>	<b>Health Dept. ID#:</b>	
<b>Subdivision:</b>	<b>Block/Section/Lot#:</b>	<b>Acreage:</b>
<b>Directions to property:</b>		
OWNERSHIP HISTORY: Available from Local Govt/Court House land Records. Use additional page(s) as needed.		
<b>Year Acquired:</b>	<b>Owner(s) as listed on deed:</b>	
		Pages
		Amount
<b>SEARCH/HANDLING FEE</b>		<b>\$5.00</b>
I am requesting copies of the following Information:		
<b>Certification Letter (system not yet installed)</b>		
<b>Septic Permit, Operation Permit &amp; Inspection Report</b>		
<b>Well Permit, Inspection Report, &amp; GW-2</b>		
<b>Other:</b>		
<b>Total Pages:</b>		
<b>Pages:</b>		<b>X \$0.50</b>
<b>TOTAL:</b>		<b>\$</b>

**Records will not be provided until payment has been received.**  
**Property owners shall receive one free copy of property records.**  
**Please make checks payable to the listed Health Department.**

† © U # : \_\_\_\_\_ Exp Date: \_\_\_\_\_

O # : \_\_\_\_\_

V # : \_\_\_\_\_

Signature: \_\_\_\_\_

Office Use Only
Date Received _____
Receipt No. _____