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

Date \_\_\_\_\_

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

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

I would like to receive the records requested below by:

☐ OFFICE PICK-UP      ☐ FAX \_\_ (\_\_\_\_) \_\_\_\_\_

☐ MAIL/Email (provide address) \_\_\_\_\_

Description		
TAX MAP #:	Existing House (Yes or No?)	Year Built:
Owner (as listed on deed):		
911 Address:	Health Dept. ID#:	
Subdivision:	Block/Section/Lot#:	Acreage:
Directions to property:		
OWNERSHIP HISTORY: Available from Local Government/Court House land records. Use additional page(s) as needed.		
Year Acquired:	Owner(s) as listed on deed:	
I am requesting copies of the following information:		
<input type="checkbox"/> Certification Letter (system is not yet installed)		
<input type="checkbox"/> Septic Permit, Operation Permit & Inspection Report		
<input type="checkbox"/> Well Permit, Inspection Report, & GW-2		
<input type="checkbox"/> Other (please list or attach additional information):		

Health Department Office Use Only			
		Costs	Amount
Time Spent in Hours (tenths)		X \$14.00	\$
Number of pages copied		X \$0.16	\$
		<b>TOTAL CHARGES:</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, or call to pay with a credit card by phone.

Date Received \_\_\_\_\_

Receipt No. \_\_\_\_\_