Name of Requestor:			Date:		
Phone: ()	Are you the curre	Are you the current owner of the Property?			
I would like to receive the records r	requested below by:				
OFFICE PICKUP	FAX ()				
MAIL					
	Description				
TAX MAP#:	Existing House (Yes or No?)		Ye	ar Built:	
Owner (as listed on deed):					
911 Address:		Health Dept. ID#:			
Subdivision:	Block/Section/Lot#:	Block/Section/Lot#: Acreage:		eage:	
Directions to property:					
	rom Local Govt/Court House land Recor	ds. Use additio	nal page(s) a	s needed.	
Year Acquired:	Owner(s) as listed on deed:				
	_				
I am requesting copies of the	following information:				
Certification Letter (system not	vet installed)				
Septic Permit, Operation Permi					
Well Permit, Inspection Report					
Other:					
			TOTAL:	\$	
Records will not be provided until	payment has been received.	l .			
Property owners shall receive one				Office Use Only	
Please make checks payable to the	e listed Health Department.			omee ose om,	
VISA/Mastercard #:	Exp Date:	Date Received	t		
Security Code:Billing Zi		Receipt No			
Name on Card:			LFHD#10.2:	 1	
Signature:			Rev. 10		