



Environmental Health

REQUEST FOR INSPECTION LETTER

OWNERS NAME: _____

APPLICANT : _____

DAYTIME PHONE: _____ CELL PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

PROPERTY ADDRESS: _____

SUBDIVISION: _____ LOT: _____ BLOCK: _____ UNIT #: _____

WATER SUPPLY: UTILITY _____ WELL _____ SPRING _____

IS HOUSE OCCUPIED? YES _____ NO _____ IF VACANT, HOW LONG? _____

ORIGINAL OWNER/BUILDER: _____ YEAR BUILT: _____

NUMBER OF BEDROOMS: _____ DOGS ON PROPERTY: YES _____ NO _____

IS THE TANK UNCOVERED? YES _____ NO _____

DIRECTIONS TO PROPERTY: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE _____

TO BE COMPLETED BY HEALTH DEPARTMENT

FEE DATE: _____
AMOUNT PAID: _____
RECEIPT # _____

PICK UP: _____
MAIL: _____
E-MAIL: _____