



REQUEST FOR INFORMATION FORM

Location of Property: \_\_\_\_\_

Present Homeowner: \_\_\_\_\_

Homeowners Telephone Number: \_\_\_\_\_

Past Homeowners: \_\_\_\_\_

Age of Home: \_\_\_\_\_ Age of Septic System: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Person Requesting Information: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail address or fax to send information: \_\_\_\_\_

**Below this line to be completed by Wyandot County Public Health Sanitarian**

Septic system currently has a valid operation permit: \_\_\_ Yes, \_\_\_ No

If yes, date operation permit will expire: \_\_\_\_\_

Septic system permit and design on file: \_\_\_ Yes, \_\_\_ No

Specialized service provider needed for this system: \_\_\_ Yes, \_\_\_ No

Date of last pumping record on file: \_\_\_\_\_, \_\_\_ No pumping record on file

Comments: \_\_\_\_\_

\_\_\_\_\_

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