

**HAMPTON TOWNSHIP BOARD OF HEALTH**

**RECEIPT TO BE FAXED TO: 973-579-0399**

**SUSSEX COUNTY HEALTH DEPARTMENT**

**OWNER INFORMATION**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Block & Lot: \_\_\_\_\_

**ENGINEER/CONTRACTOR INFORMATION**

Engineer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Request to be Scheduled During the Week of \_\_\_\_\_

**GENERAL INFORMATION**

Test Hole Fee \$5.00 each

Number of Test Holes \_\_\_\_\_

Inspection Site Fee \$30.00 \_\_\_\_\_

Re-Inspection Fee \$25.00 \_\_\_\_\_

**PAYMENT INFORMATION**

Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Collected By: \_\_\_\_\_