

REQUEST FOR REPAIR

Date: _____

Owner: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Work _____ Cell _____

IS HOUSE OCCUPIED? YES _____ NO _____ DOGS ON LOT? _____
 IF VACANT, HOW LONG? _____ HOW OLD IS HOUSE? _____
 NUMBER OF BEDROOMS _____ BASEMENT: YES _____ NO _____
 BASEMENT PLUMBING: YES _____ NO _____
 WATER SUPPLY: UTILITY _____ WELL _____ SPRING _____
 ORIGINAL OWNER/BUILDER (IF KNOWN) _____

PROPERTY ADDRESS: _____

SUBDIVISION: _____ LOT# _____

DIRECTIONS TO PROPERTY: _____

STATE PROBLEM (IF KNOWN)

DATE: _____ SIGNATURE: _____
 NOTE: REPAIR PERMIT VALID FOR SIX MONTHS ONLY!

TO BE COMPLETED BY THE HEALTH DEPARTMENT

ENVIRONMENTALIST: _____ DATE FEES PAID: _____

AMOUNT PAID: _____ RECEIPT # _____