



DIVISION OF ENVIRONMENTAL HEALTH

REQUEST FOR REPAIR

OWNER: _____

APPLICANT: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # (DAYTIME HOURS) _____ CELL # _____

E-MAIL ADDRESS: _____

PROPERTY ADDRESS: _____

SUBDIVISION: _____ LOT # _____ BLOCK _____ UNIT # _____

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

HOW OLD IS HOUSE? _____ DOGS ON LOT? _____

NUMBER OF BEDROOMS _____

BASEMENT: YES ___ NO ___ BASEMENT PLUMBING: YES ___ NO ___

WATER SUPPLY: UTILITY ___ WELL ___ SPRING ___

ORIGINAL OWNER / BUILDER (IF KNOWN): _____

DIRECTIONS TO PROPERTY:

STATE PROBLEM (IF KNOWN):

DATE: _____ SIGNATURE: _____

TO BE COMPLETED BY THE HEALTH DEPARTMENT

DATE: _____ TIME: _____ ENVIRONMENTALIST: _____

DATE FEES PAID: _____ FEES PAID: _____

RECEIPT # _____