



A fee of \$50 must be paid before this application will be processed, and is not refundable.

We cannot guarantee that a file will be located or that it will include an accurate diagram of the system. If no information is available, either the original paperwork could not be filed due to incorrect information, or the sewage system was constructed/repared without reference to this office. Please allow 5 business days to process this request.

Applicant Name	
Address	
Phone(s)	Fax
Email	

**Property Information**

Civic Address
Facility Name
Legal Description
Tax Assessment Roll #

**Information Requested**

--

Applicant's Signature	Date (dd/mmm/yyyy)
-----------------------	--------------------

**Office Use**

Receipt #
-----------

<input type="checkbox"/> Information Searched	<input type="checkbox"/> IH Online Sewerage Registry _____
	<input type="checkbox"/> HH.Net _____
	<input type="checkbox"/> Hard copy paper files _____
	<input type="checkbox"/> If applicable, other EPH Office _____

<input type="checkbox"/> Information Released
---

<input type="checkbox"/> Unable to locate file information
--

Administrative Support Signature	Date (dd/mmm/yyyy)
----------------------------------	--------------------

Enter Your Health Unit Office Information Here