

## WELL AND SEPTIC RECORD REQUEST FORM

### DISTRICT HEALTH DEPARTMENT NO.2

Alcona County  
311 Lake St.  
PO Box 218  
Harrisville Mi 48740  
989-724-6757 x1600  
989-343-1894 fax

Iosco County  
420 W Lake St  
PO Box 98  
Tawas City Mi 48764-0098  
989-362-6183 x1500  
989-362-2456 fax

Ogemaw County  
630 Progress  
West Branch Mi 48661  
989-345-5020 x1842  
989-343-6659 fax

Oscoda County  
393 S Mt Tom  
Mio Mi 48647  
989-826-3970 x 1700  
989-343-1895 fax

**Directions:** Please fill out the following and return to the appropriate office. Please fill in all spaces, if it does not apply to you, please indicate so.

Property Address \_\_\_\_\_

Township \_\_\_\_\_ Twp. Section No. \_\_\_\_\_

Subdivision Name & # \_\_\_\_\_ Lot # \_\_\_\_\_

Property Tax I.D. # \_\_\_\_\_ Approximate Year of Installation \_\_\_\_\_

Name of Present Owner \_\_\_\_\_

Name of Previous Owners \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*All of the above information is required for a records search. If the systems are older, they may only show up under the original owner's name.*

Additional Identifying Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Submitting Request (Please Print) \_\_\_\_\_

Requester Company Name \_\_\_\_\_

How would you like us to return the information to you?

Address \_\_\_\_\_

Fax Number (10 page maximum) \_\_\_\_\_

Telephone number where you can be contacted if more information is needed \_\_\_\_\_

Fees apply to copied/mailed material and/or for time spent on lengthy searches.

Signature \_\_\_\_\_