

REQUEST FOR SUBSURFACE SEWAGE DISPOSAL SYSTEMS FILES AND/OR WELL LOCATIONS

READ BEFORE FILLING OUT FORM:

The Contact Person is responsible for filling out all the information correctly. If any of the information on this form is not correct or complete the information you need may not be located. If you do not know the information, the Tax Assessor or Town Clerk Office may be able to help you locate the information you need. Thank you.

1. Contact Name and phone number required.
2. All Previous Owners required.
3. Town Clerk Lot Number (Original Sub Division Lot Number) required.

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NAME (1) _____ PHONE: _____

YEAR HOUSE WAS BUILT : _____

NAME OF OWNER AND PREVIOUS OWNERS: (2) _____

HAS IT HAD A REPAIR TO THE SUBSURFACE SEWAGE DISPOSAL
SYSTEM? (No)___(Yes)___(Year)_____

STREET ADDRESS: _____

TOWN CLERK...LOT NUMBER : (3) _____

TAX ASSESSOR NUMBER: _____

REASON FOR REQUEST:
(Examples: Septic tank location, well location etc.)

4. DO YOU NEED COPIES ? **\$.50 cents PER copy.**

(YES) (NO)

DATE: _____