# WELL AND SEPTIC RECORD REQUEST FORM

**DISTRICT HEALTH DEPARTMENT NO.2**


Alcona County
117 E Main 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
989-362-6183 x1500
989-362-2456 fax

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

Oscoda County
393 S Mt Tom Rd.
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_____

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*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_____

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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_____