

Box 359, # 7 Milne Street
Minden, Ontario KOM 2KO
Telephone: 705-286-1260 Ext. 209

Telephone: 703 200 1200 Ex

Fax: 705-286-6005

OFFICE USE ONLY

FEE RECEIPT NUMBER

DATE FEE RECEIVED

Application for a Copy of Sewage System and/or Installation Report

The following information must be completed in full.

Property Owner				
Diago				
Prior Owners (Chain of title to 1974)				
(Chain of title to 1974)				
Approximate Year Syster	n was Installed			
Owner at Time of Installa	ation			
Property Description:				
County		Townshin		
county		10W113111P		
Lot Number	_ Concession	Plan No	Sublot	
lunicipal AddressLot Size			ot Size	
Search Requested By:				
Name:				
Agency:				
Address:				
Address				
Telephone Number: Busi	ness:	Home:		
DICK LID (should be asset	(- سرم ما ۵۰ منام المام	0.4.0.11 / ala a l al . la	i d i - E t - 10 d	
PICK OP (snould be ava	iliable in 48 nours)	IVIAIL (SNOUID D	e received in 5 to 10 days	5)
				5.
Signature of Owner or Authorized Agent Da				Date

Note: \$50.00 fee is required. Cheques are to be made payable to The Township of Minden Hills