



Box 359, # 7 Milne Street
Minden, Ontario KOM 2K0
Telephone: 705-286-1260 Ext. 209
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 _____

Prior Owners _____
(Chain of title to 1974)

Approximate Year System was Installed _____

Owner at Time of Installation _____

Property Description:

County _____ Township _____

Lot Number _____ Concession _____ Plan No. _____ Sublot _____

Municipal Address _____ Lot Size _____

Search Requested By: Email address of applicant: _____

Name: _____

Agency: _____

Address: _____

Telephone Number: Business: _____ Home: _____

PICK UP or EMAIL (should be available in 48 hours)

MAIL (should be received in 5 to 10 days)

Signature of Owner or Authorized Agent

Date

Note: \$50.00 fee is required.