

ENVIRONMENTAL HEALTH DIVISION

SANILAC COUNTY HEALTH DEPARTMENT

171 DAWSON STREET, SANDUSKY, MICHIGAN 48471

810.648.4098 ext. 124

Fax Number: 810.648.2646

REQUEST FOR PUBLIC RECORD

(Must be made in writing)

The summary of **Michigan Freedom of Information Act, publication #DA6-001-033** states in part, "... five business days after receiving a request, the public body must respond to a request for a public record. The public agency can notify the requester in writing and extend the time for an additional ten business days."

You will be notified by phone if a fee will be applied to this request. Please mail for prompt receipt.

In accordance with Act 442, Public Acts of 1976, I request the right to obtain a copy of the following described public record:

Describe below the record information you are requesting. **Date:** _____

Information regarding: **Septic system** **Well** **Other** _____

Original Owner or builder, if known _____

Current Owner _____

Address _____ On the (N) (S) (E) (W) side of the road

Township _____ Section Number _____

Direction and Distance to the two nearest Cross Roads _____

Property ID Number _____ Approx. year system or well was done _____

PLEASE PRINT CLEARLY

Name: _____
(person and/or agency making request)

Address: _____

City/State/Zip: _____

Phone No: _____ Fax No. _____

Email: _____

Requests can be sent via US Mail, fax or emailed to yanderlc@sanilachealth.com.