

Sandra Deausy, M.D.  
Health Officer  
Amanda J. Lahners, REHS/RS  
Administrator



**Application for Property Transfer**

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
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**Real Address of Property to be transferred:**

Address of site: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot#: \_\_\_\_\_

**Parcel ID number (required):** \_\_\_\_\_

**Inspection/Testing**

Water Supply System:

Water Laboratory Report: \_\_\_\_\_ City Water Bill: \_\_\_\_\_ Letter from City Utility Office: \_\_\_\_\_ Affidavit: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT name: \_\_\_\_\_

**Please check one of the following: Owner: \_\_\_\_\_ Builder/contractor: \_\_\_\_\_ Agent: \_**

**FOR OFFICE USE ONLY**

**Transaction #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Certification # W** \_\_\_\_\_

**Dept Employee:** \_\_\_\_\_ **Total Paid:** \_\_\_\_\_