

201 N. Shiawassee St., 3rd Floor, Corunna, MI 48817 Phone: 989-743-2390 / Fax: 989-743-2413 http://health.shiawassee.net

Date Received:	
Amt. Paid:	
Receipt No.:	

Permit Transfer

	Sewage Permit	Number	
Road	Township	Section #	Lot
I understand the requirements of the Sapproved and according to permit requ	sewage Permit issued on this proper uirements.	erty and I intend to install the septic sys	tem in the area
Present Owner			
Name:			
Mailing Address:			
City, State, Zip:			
Phone No.: ()			
Signatu	nre	Date	
New owner			
Name:			
Mailing Address:			
City, State, Zip:			
Phone No. ()			
Signatu	ıre	Date	