Marquette County Health Department

Division of Environmental Health
184 U.S. 41 East, Negaunee, MI 49866-9671
Phone: (906) 475.4195 FAX: (906) 475.6500
www.MQTHEALTH.org

Request For Septic & Well Records

Office Use Only:	
Date of Request: Employee:	
Amount of Time for search:	
F A	
Fee: \$ Fee includes time for records search & copying fee.	
of the appropriate areas to the b	nd the information you are requesting, please fill in all lest of your knowledge. If additional information is increase the search time. Please return the completed
Name:	Address:
Phone:	FAX:
Property Information: 1) Type of Records you are search Well Septic	ching for (please circle one or both):
2) Property Tax ID Number (This number begins with "52" and can be found on your tax statement or tax bill): 52	
3) Township:	_ 4) Sec T:N R:W
4) Property Address:	
5) Is the property located in a subdivision? Name of subdivision:	
may obtain this information from you	me (if you don't know the name of the original owner you ir local Township Assessor or the Marquette County Register
7) Approximate or known age of home?	
8) Additional information that would assist us in your records search:	