

SEVIER COUNTY
TENNESSEE
Environmental Health

REQUEST FOR REPAIR

OWNER: _____
APPLICANT: _____
MAILING ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____
PHONE # (DAYTIME HOURS) _____ CELL # _____
E-MAIL ADDRESS: _____

INFORMATION ON WHERE THE ISSUE IS OCCURRING:

PROPERTY ADDRESS: _____
SUBDIVISION: _____ LOT # _____ BLOCK _____ UNIT # _____
IS HOUSE OCCUPIED? YES ____ NO: ____ IF VACANT, HOW LONG? _____
HOW OLD IS HOUSE? _____ DOGS ON LOT? _____
NUMBER OF BEDROOMS _____ WATER SUPPLY: UTILITY__ WELL__ SPRING__
BASEMENT: YES ____ NO ____ BASEMENT PLUMBING: YES ____ NO ____
ORIGINAL OWNER / BUILDER (IF KNOWN) _____
DIRECTIONS TO PROPERTY: _____

STATE THE PROBLEM:

IS THERE WASTEWATER BACKING UP INTO PLUMBING? YES__ NO__
IS SEWAGE SURFACING ON THE GROUND? YES__ NO__
HAS THE TANK BEEN PUMPED? YES__ NO__
HOW MANY PEOPLE LIVE IN THE HOME? _____
OTHER NOTES: _____

DATE: _____ SIGNATURE: _____

TO BE COMPLETED BY THE HEALTH DEPARTMENT

FEE DATE: _____ AMOUNT PAID: _____

RECEIPT # _____