

Date Received _____
Amount Paid _____
Receipt # _____
Comments _____

YAKIMA HEALTH DISTRICT MORTGAGE REVIEW REQUEST

PARCEL NUMBER: _____

SITE ADDRESS: _____

PLAT NAME OR NUMBER: _____ **BLOCK/LOT #:** _____

CHECK REQUEST TYPE:
 WATER SUPPLY _____ **SEWAGE DISPOSAL** _____

Please keep in mind that this program is not required or regulated by law, but is a service provided to the public. Also, be sure that the legal owner has signed and dated the attached "Property Owners Statement".

The following information must be provided to allow processing of this application:

LENDING AGENCY:

Contact Name: _____
Agency Name: _____
Address: _____
City, Zip: _____
Phone: _____

ACCESS CONTACT PERSON:

Name: _____
Address: _____
City, Zip: _____
Work Phone: _____
Home Phone: _____

CURRENT OWNER:

Name: _____
Address: _____
City, Zip: _____
Work Phone: _____
Home Phone: _____

PURCHASER:

Name: _____
Address: _____
City, Zip: _____
Work Phone: _____
Home Phone: _____

HOUSE:

Number of Bedrooms: _____ **Year Built:** _____

SEWAGE SYSTEM:

Year Installed: _____ **Date Last Pumped:** _____

WATER SYSTEM:

Private Well: _____ **Spring:** _____ **Community Well:** _____

Other Type of Source (list): _____

Depth and Type of Well: _____
(i.e. drilled, driven, dug, etc.)

MAP: Draw a map on the back of this form showing directions to the site with two cross roads.

APPLICANT'S SIGNATURE / DATE: _____