

COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL COMPLIANCE DIVISION
10590 ARMSTRONG AVENUE, STE A, MATHER, CA 95655 – (916) 875-8400

**ONSITE SEWAGE DISPOSAL SYSTEM
CONSULTATION SERVICE REQUEST – PE 4265**

OFFICIAL USE ONLY

SERVICE REQUEST #	_____
APN#	_____
EMD RECEIPT #	_____
AMOUNT PAID	_____
DATE PAID	_____

REQUESTOR INFORMATION

Name/Company: _____

Billing Address: _____

Phone No: _____

SITE INFORMATION

Site Address: _____ APN: _____

Nearest Cross Street: _____

TYPE OF SERVICE REQUESTED:

BILLING ACKNOWLEDGEMENT: I, the undersigned **property, business owner, or authorized agent of the same**, acknowledge that all site and/or project specific WATER PROTECTION DIVISION hourly charges associated with this project or activity will be billed to **me or my business** as identified above.

I also certify that all work to be performed will be done in accordance with all County, State and Federal laws.

APPLICANT'S SIGNATURE: _____ **DATE:** _____