

**Search Request
Vilas County Maintenance Program
Effective 5/1/07**

Name of Requester: _____
Address of Requester: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Will Pick Up: _____

Vilas County Zoning Office 330 Court Street Eagle River, WI 54521 Ph: (715) 479-3620 Fax: (715) 479-3752

Purpose of Request: _____

Must complete: Number of existing Septic Systems on parcel _____

Legal Description or Attach Vilas County's Tax Information for Computer No.

Gov't Lot _____; or _____ 1/4 _____ 1/4; Section _____; Town _____ North; R _____ E
Computer Number: _____ Town of _____
Site Address: _____

Current Property Owner

Name(s): _____
Alternate Name(s) : _____
Mailing Address: _____

Has current owner received maintenance card previously? **Y** **N**
Permit Number on Mailing Label of Card: _____ (four to six digit number)

Name(s) of Previous Owners

Name(s) _____
Approximate duration of ownership: _____ to _____

For Office Use Only

Computer Number: _____ Sanitary System(s) on the Maintenance Program: **Y** **N**
Permit Number (s): _____
Zoning Representative Signature: _____