



# FILE SEARCH REQUEST

*Please print.*

*Please allow three to four weeks for processing this request.*

Re: \_\_\_\_\_ purchase from \_\_\_\_\_

Request from: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Your file no.: \_\_\_\_\_

Signature: \_\_\_\_\_

Vendor's Attorney: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Please note: **This request will not be processed until the receipt of the \$175 fee.**

\_\_\_\_\_  
Name of Establishment: \_\_\_\_\_  
(if applicable)

### Municipal Address:

Street Address: \_\_\_\_\_ City / Town: \_\_\_\_\_

### Legal Description:

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_ Sublot: \_\_\_\_\_ Parcel: \_\_\_\_\_ Plan: \_\_\_\_\_

Township: (Formerly) \_\_\_\_\_ Area of Lot: \_\_\_\_\_

Roll #: \_\_\_\_\_

Registered Owner(s): \_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_

Date of Sewage System Installation: \_\_\_\_\_

\*please note that our records on sewage disposal systems date back to 1973. Our records are filed by owners, as well as lot, concession and township and **without all this background information; we may not be able to provide the requested information.**

G:\Environment Forms\file search request form.doc January 2009

HEAD OFFICE: 101 . 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5

[www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

OWEN SOUND  
(519) 376-9420  
1-800-263-3456  
Fax (519) 376-0605

WALKERTON  
(519) 881-1920  
1-800-821-7714  
Fax (519) 881-3920