

APPLICANT INFORMATION	
APPLICANT NAME	TELEPHONE NUMBER (     )
E-MAIL ADDRESS	CELL PHONE NUMBER (     )
MAILING ADDRESS	
STREET	CITY
POSTAL CODE	

PROPERTY INFORMATION	
PROPERTY ADDRESS	
STREET	CITY
POSTAL CODE	
LEGAL DESCRIPTION	
<b>Application Processing Fee</b>	\$50.00 – Fee will not be applied if no information is found on file. Applicants will be notified by phone or email.
<b>Release of Information</b>	Once payment has been received the information can be sent by mail, email or pick-up at one of the offices listed below.
<b>Submission/Payment Options</b>	
<ol style="list-style-type: none"> <li>In person or by mail – Health Protection Office addresses listed below. Offices can only receive payment in the form of cash or cheque (payable to Fraser Health Authority).</li> <li>Email – send completed form to <a href="mailto:HPland@Fraserhealth.ca">HPland@Fraserhealth.ca</a>. Applicants will be contacted by phone for credit card payment information.</li> </ol>	
<b>Information Not Guaranteed</b>	
Fraser Health cannot guarantee that a file will be located or that it will include an accurate diagram of the septic system. Third party personal information may be severed to protect privacy.	
<b>Abbotsford Health Protection</b>	<b>Langley Health Protection</b>
#400 - 2777 Gladwin Road Abbotsford, BC V2T 4V1	Langley Memorial Hospital 22051 Fraser Highway Langley, BC V3A 4H4
<b>Maple Ridge Health Protection</b>	
4 <sup>th</sup> Floor – 22470 Dewdney Trunk Road Maple Ridge, BC V2X 5Z6	

OFFICE USE ONLY: FINDINGS ON PROPERTY SEARCHED	
<input type="checkbox"/> No Record of a Valid Permit or Sewerage System Filing <input type="checkbox"/> Record of Sewerage System Filing <input type="checkbox"/> Letter of Certification <input type="checkbox"/> Maintenance Plan <input type="checkbox"/> Outstanding <i>Public Health Act</i> order	<input type="checkbox"/> Permit to Construct, Install, Alter or Repair a Sewage Disposal System <input type="checkbox"/> Authorization to Operate a Sewage Disposal System <input type="checkbox"/> Final Inspection Certificate <input type="checkbox"/> Record Drawing <input type="checkbox"/> Other
DATE PROCESSED	INITIAL
PROCESSING FEE PAID <input type="checkbox"/> Yes <input type="checkbox"/> No	RECEIPT NUMBER

**DISCLAIMER**

This information is believed to be accurate, but its accuracy is not guaranteed, and in supplying this information, no responsibility whatsoever is assumed or accepted. Note that there may also be additional information on file outside the scope of the request that was not provided.