



SANITARY SURVEY APPLICATION

Fee: \$150

Name: _____ **Phone:** _____

Phone: _____

Email: _____

Street Address: _____

City, State, Zip Code: _____

Water Supply: Public Private

Sewage Disposal: Public Private

Trash Disposal: Public Private

Milk Supply: Purchased from

Food Refrigeration: Electric Ice Box/Cooler Other N/A

Heating System: Gas/Oil Furnace Heat Pump Baseboard

Wood/Coal Stove Kerosene Stove

Bedrooms: _____ Number of Bedrooms: _____

Number of Sleeping/Napping Spaces:

Pets/Animals: _____ Number of Pets: _____

Rabies Vaccination Expiration:

Signature of Applicant: _____ **Date:** _____

Date: _____

Requesting Agency: _____