

Vendor Property Assessment

Applicant (Last Name, First Name)

Site Contact (Last Name, First Name)

Site Address

Site City, Zip Code

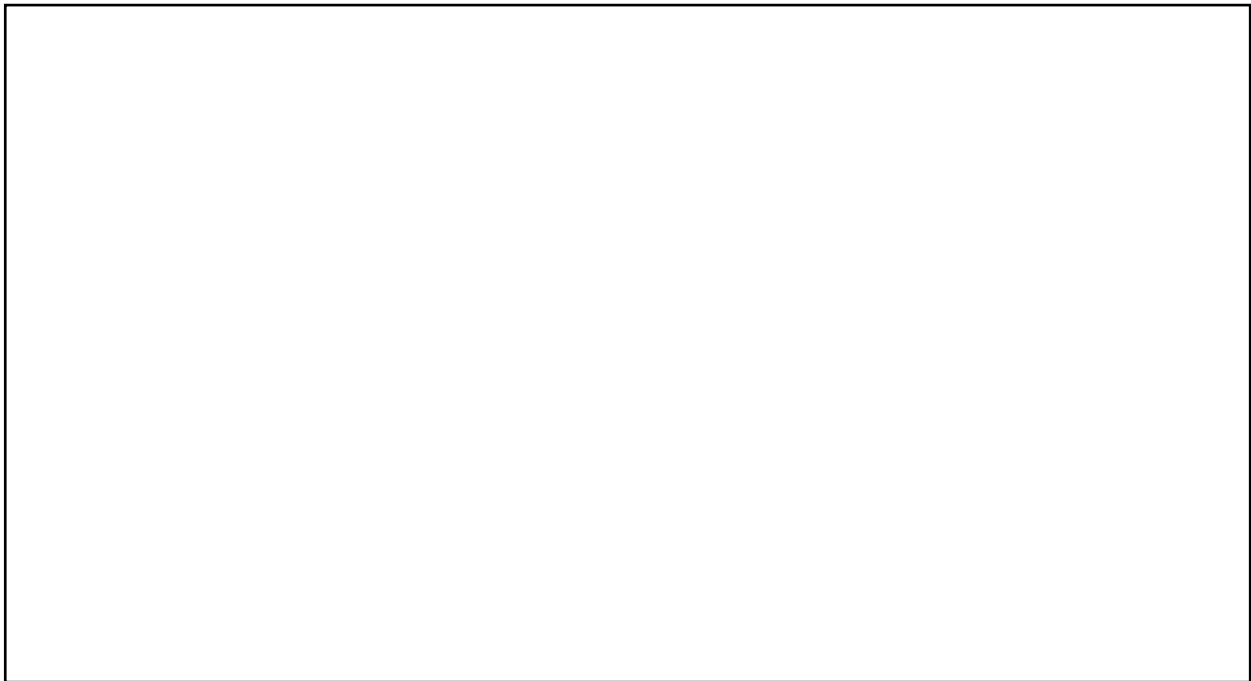
Phone Number

Canal Name

Will someone be on site? YES NO

Is the property accessible (gates, fences, pets, etc.)? _____

Site Map



Indicate the following on site map:

**Pump Location – Treatment Location – Other Equipment – Canal Name & Location – Cistern Location
Pump House – Electrical Outlet – Water Main Location – House**

Division of Environmental Health

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