



Health
Department

Environmental Health Services Division
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REQUEST FOR POSTPONEMENT OF EVALUATION

On-Site Sewage Disposal and/or Water Supply System(s)

Subject Property:

Requestor:

Address _____

Name _____

City/Twp. _____

Address _____

City/State _____ Zip _____

(Application WILL NOT BE accepted without the property/parcel ID Number)

Phone () _____

Email _____

Property ID No. _____

Property Use:

Residential

Commercial

In accordance with Section 7.2 of the Regulations Governing On-Site Sewage Disposal and On-Site Water Supply System Evaluation and Maintenance in Macomb County, Michigan, I am requesting a postponement of the evaluation due to:

Structure being vacant for more than 10 days

Winter weather conditions

Other _____

Anticipated Closing Date _____

I certify that any authorization for postponement that is granted will be provided to the prospective owner(s).

Signature of Requestor

Date