EVALUATION REQUEST FORM
Water and Sewage Inspections

To: Franklin County Board of Health
280 East Broad Street
Columbus, Ohio 43215-4562

Phone: (614) 462-3160
Fax: (614) 462-3851

For the purpose of a real estate transaction, I hereby request the following service from the Franklin County Board of Health.

_____ Water Sample $50.00 _____ Sewage System Inspection $50.00

Address to be Inspected:_____ Township/City: _____

Seller's Name: _____ Day Phone: _____

Seller's Mailing Address: _____ City _____ State _____ Zip _____

Buyer's Name: _____ Day Phone: _____

Buyer's Mailing Address: _____ City _____ State _____ Zip _____

Real Estate Agency: _____ Agent/Contact Person: _____

Agent's Phone: Office _____ Home _____ Fax _____

Agency Mailing Address: _____ City _____ Zip _____

Scheduled Closing Date: _____ Is property Vacant_____ If vacant Lock Box # _____

A twenty-five dollar ($25.00 Service Charge will be assessed to any check returned un-paid by your bank to this office.

The fee for this service is **NOT** refundable once the Sanitarian has been out to the property. The Sanitarian will only arrange or conduct the evaluation Monday through Friday, between 9:30 a.m. and 3:30 p.m. Please make sure that the person providing access to the home can be available during these hours.

The inspection rendered by the Board of Health regarding the water sample and sewage system applies only to the date and time that the evaluation was performed. The inspection does not guarantee the future indefinite performance of the water supply or sewage system. This inspection is also rendered with the expectation that the sewage system will not be loaded beyond its design capacity and that routine maintenance will be performed.

In some areas, buyers and sellers have agreed to put sufficient monies for system repair in escrow to permit closing when weather or other factors have caused unavoidable delays. Contact your real estate agent, banker or lawyer for more information on establishing an escrow account. You should contact a licensed contractor for estimates on current repair prices.

The Board of Health will issue orders for system repairs or replacement when the current system is found to be creating a nuisance or poses a potential public health hazard.

I have read, understand and agree to the conditions stated on this form.

_____ _____

Current Owner's or Agent's Signature Date

THIS OFFICE WILL MAIL RESULTS TO THE PERSON WHO SIGNED THIS REQUEST FORM EXCEPT FOR WHEN REQUESTED TO DO OTHERWISE.
FAXED REQUESTS WILL ONLY BE ACCEPTED WHEN TIME IS A PROBLEM AND MUST INCLUDE A COPY OF THE CHECK. THE ORIGINALS SHOULD BE MAILED THE SAME DAY. WRITTEN RESULTS WILL NOT BE RELEASED UNTIL PAYMENT IS RECEIVED BY THIS OFFICE.