



# MACOMB COUNTY HEALTH DEPARTMENT

Mount Clemens Health Center / Environmental Health

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www.macombgov.org/publichealth

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Director/Health Officer

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Medical Director

## REQUEST FOR POSTPONEMENT OF EVALUATION

On-Site Sewage Disposal System

On-Site Water Supply System

Subject Property:

Requestor:

Address \_\_\_\_\_

Name \_\_\_\_\_

City/Twp. \_\_\_\_\_

Address \_\_\_\_\_

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

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

**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