



MACOMB COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH SERVICES DIVISION
 43525 ELIZABETH ROAD
 MT. CLEMENS, MI 48043
 Telephone: (586) 469-5236
 Fax: (586) 469-6534



REQUEST FOR POSTPONEMENT OF EVALUATION

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

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