

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
 FEES PAID: \_\_\_\_\_ STAFF ASSIGNED: \_\_\_\_\_  
 RECEIPT #: \_\_\_\_\_ CHECK # or CC: \_\_\_\_\_  
 FACILITY ID: \_\_\_\_\_ SERVICE REQUEST #: \_\_\_\_\_

# COUNTY OF YOLO



**Department of Community Service**  
*Environmental Health Division*

292 W. Beamer Street, Woodland CA 95695  
 Phone: (530) 666-8646 Fax: (530) 669-1448

## REQUEST FOR SERVICE

### Land-Use (Check type of service)

- Site Plan Review (2614)
- Septic System Evaluation (4215)
- \*Water System Evaluation (4610)
- \*Bacteriological Water Sample Collection (4691)
- \*Nitrate Water Sample Collection (4696)
- Other: \_\_\_\_\_

### Consumer Protection (Check type of service)

- Food Plan Check (1701-1706)
- Pool Plan Check (3601-3606)
- Plan Check Inspection – Hourly Rate (1707)
- Other: \_\_\_\_\_

<b>Site Address:</b>		
APN (if applicable):	Parcel Size (if applicable):	
Property Owner(s):		
Phone Number:	Email:	
Mailing Address:	City:	Zip Code:
Billing Address (if different than above):	City:	Zip Code:

<b>Person Requesting Service:</b>		
Agency/Title:		
Phone Number:	Email:	
Mailing Address:	City:	Zip Code:
Billing address (if different than above):	City:	Zip Code:

**\*Well Information (for service request 4691 & 4696)** Well Permit # \_\_\_\_\_  New  Existing

Hook up to power?  Yes  No    Currently in Operation?  Yes  No    Has well been chlorinated?  Yes  No

*I understand that additional fees, as authorized by the current Yolo County Fee Resolution, for the service requested may apply and will be charged to the chosen party:*  Property owner  Person requesting service

*By signing this agreement, I am responsible to ensure the required fee is paid, and I have the authority from the responsible party to request these services. I hereby certify that the information in this document is true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_