



**BLOUNT COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

1221 McArthur Rd Maryville, TN 37804

(865) 681-9301 Fax (865) 681-9502

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## REPAIR REQUEST

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OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

# OF OCCUPANTS IN HOME: \_\_\_\_\_ IS HOUSE OCCUPIED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF VACANT, HOW LONG? \_\_\_\_\_ AGE OF HOME: \_\_\_\_\_ DOGS ON LOT? \_\_\_\_\_

ORIGINAL OWNER/BUILDER (IF KNOWN): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_ BLOCK: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ BASEMENT : YES \_\_\_\_\_ OR NO \_\_\_\_\_

WATER SUPPLY: UTILITY \_\_\_\_\_ WELL \_\_\_\_\_ SPRING \_\_\_\_\_

(IF UTILITY WATER PLEASE PROVIDE 2 TO 3 MONTHS WATER BILLS)

BASEMENT PLUMBING : YES \_\_\_\_\_ OR NO \_\_\_\_\_

HAS SEPTIC TANK BEEN PUMPED? \_\_\_\_\_ DATE PUMPED: \_\_\_\_\_

DIRECTIONS TO PROPERTY : \_\_\_\_\_

STATE PROBLEM (IF KNOWN): \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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TO BE COMPLETED BY ENVIRONMENTAL HEALTH DEPARTMENT

DATE: \_\_\_\_\_ PROJECT NUMBER : \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_