

**SEARCH REQUEST
ONEIDA COUNTY MAINTENANCE PROGRAM**

Name of Requester: _____
(include name and company name)

Address of Requester: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Purpose of Request: _____

Oneida County
Planning & Zoning Dept.
P.O. Box 400
Rhinelander, WI 54501-0400
715-369-6130
Fax: 715-369-6268
Email: zoning@co.oneida.wi.us
www.oneida.wi.gov

Legal Description:

Gov't Lot _____ or _____ ¼ _____ ¼ Section _____ Town _____ Range _____

Parcel ID # _____ Town of _____

Site Address: _____

Current Property Owner:

Name(s): _____

Alternate Name(s): _____

Mailing Address: _____

Has current owner received card previously? **Y N**

Permit Number on Mailing Label of Card: _____

Names of Previous Owner(s)

Name(s) _____

Approximate duration of ownership _____ to _____

Name(s) _____

Approximate duration of ownership _____ to _____

FOR OFFICE USE ONLY

PARCEL ID #: _____ PROPERTY IN MAINTENANCE PROGRAM **Y N**

SANITARY PERMIT # _____ TANK WAS PUMPED OR INSPECTED LAST _____

OWNER'S NAME WHEN SYSTEM WAS PUT ON MAINTENANCE PROGRAM: _____

*If there is a transfer of ownership, is the property owner required to have an existing septic system evaluation and soil evaluation performed on this property? **Yes No** NOTE: If the sanitary permit begins with the number "55", this may be an uncertified record, meaning there is not a valid soil report and septic evaluation for the septic system of record. If there is a transfer of ownership, an existing septic system evaluation and soil evaluation will be required if marked "yes" above.*