

**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 _____ 1/4 _____ 1/4 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: _____

Information contained herein is based on available information in the Oneida County Planning and Zoning office. All information should be verified for accuracy by the individual requesting the search. Oneida County assumes no liability for the information contained in the Search Request.