

COPY OF RECORD FORM FOR "PROPERTY OWNER"



Public Health
Santé publique
SUDBURY & DISTRICTS

Health Protection Division
1300 Paris Street, Sudbury, ON P3E 3A3
Tel: 705.522.9200, ext. 398
Fax: 705.677.9607
Email: Health_Protection@phsd.ca

Cash ☐ Debit ☐ Cheque ☐ Visa ☐ MC ☐

Public Health file number: _____ -CR: _____ Date received: _____ Receipt #: _____

Public Health Sudbury & Districts requires 30 working days to complete a copy of record. This form is to be accompanied by a \$128.00 fee payable to Public Health Sudbury & Districts.

Please print clearly

Client legal name: _____

Chosen name (if different than legal name: _____

Address: _____ City/Province: _____

Postal code: _____ Phone: _____ Fax: _____

Residential ☐ Commercial ☐ (Name and type of commercial property): _____

Legal description:

Please provide a copy of the section of your tax bill that indicates the legal description of the property.

Municipality: _____ Township: _____ Conc: _____ Lot: _____

Parcel(s): _____ Plan No.(s): _____ Sublot(s): _____

PIN: _____ Other: _____

House number: _____ Street/Road: _____ City: _____

Registered owner(s): _____

Previous owner(s):

1. _____

2. _____

3. _____

4. _____

Date that the house was built: _____

I hereby certify that the information contained in this application is correct to the best of my knowledge.

Applicant's signature: _____ Date: _____

Authorization

Authorization is required when this request is made by a person who is not the registered owner. I the owner hereby authorize Public Health Sudbury & Districts to release any information or photocopies of documents for the above noted property in the possession of Public Health Sudbury & Districts to the said agent.

Name of authorized agent: _____

Owner(s) legal name (print clearly): _____

Owner(s) signature required: _____ Date: _____

Public Health Sudbury & Districts office use only

Our records respecting a private sewage disposal system indicate that:

☐ There are some ☐ There are none

SHU file No: _____ Date issued: _____ Use permit issued: _____

SSP No: _____ Date issued: _____ Completion notice issued: _____

Renovation file No: _____ Date letter issued: _____

Copies attached: ☐

Comment(s):

This information is provided without prejudice. We have attempted to be as accurate as possible in providing the above information but can assume no liability for its correctness. Other government agencies may have additional information on this property, example: The Ministry of the Environment, Conservation and Parks for water quality and sewage systems with a design capacity of greater than 10,000 litres per day.

Public Health Sudbury & Districts shall not be prevented from taking any required action if information is forthcoming that health hazards exist.

Authorized signature, Health Protection Division

Date (YYYY-MM-DD)

To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990; Smoke Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200, ext. 398.*