



Public Health Department

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Environmental Health Division

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buttecounty.net/publichealth

SERVICE REQUEST

Service Requested

- Clearance (\$144.00)
- Call for pick-up
 - Mail
- Water Sample (\$173.00)
- Real Estate Letter
 - Drainage Trench
- Other: _____

Applicant Information

Name _____ Email address _____ Telephone _____
Mailing address _____ City/State/Zip _____

Owner Information Same as applicant

Name _____ Email address _____ Telephone _____
Mailing address _____ City/State/Zip _____

Site Information

Site Address _____ APN _____

Clearance/Project Description

*** Official Use Only Below This Line ***

Payment of Fee

Amount: \$ _____ Date Rec'd: ____ / ____ / ____ Receipt #: _____ Staff: _____

Date/Time	Service/Comment