



Public Health Department

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Environmental Health Division

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buttecounty.net/publichealth

SERVICE REQUEST

Service Requested

- Clearance (\$151.00)
 ○ Call for pick-up
 ○ Mail
- Water Sample (\$181.00)
 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 |
|-----------|-----------------|
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