DeKalb County Health Department
Prevent • Protect • Promote

Lisa Gonzalez, MPH
Public Health Administrator

SITE VERIFICATION FORM

Parcel # _____ -_____ - _____ - _____ Address: _____
(00-00-000-000)

Township: _____ Subdivision and Lot #: _____

Property Owner: _____ Phone: _____

Fax: _____ E-mail _____

Requestor Signature: _____ Date: _____

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Site Information

☐ Residential

☐ Non-Residential

Site Drawing

Site Construction/Project/Proposal

_____

_____

Notes

_____

_____

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Notes

_____

_____

Verification Date: _____ Site Construction/Project/Proposal: ☐ APPROVED ☐ REJECTED

_____
Environmental Health Practitioner