

Disaster Victim Assistance

Onsite Septic System Repair/Replacement



(PLEASE PRINT)

Head of Household Name: _____

Mobile Phone: _____ Home Phone: _____

Email: _____

Address: _____

City: _____, State: Alabama Zip Code: _____

PLEASE CHECK ONE: House _____ Mobile Home _____

How Many People Currently Live in The Home? _____

Do Any Disabled Individuals Live in Home? (YES / NO) _____ How Many? _____

COUNTY HEALTH DEPARTMENT JURISDICTION: _____

Do You Own This Home? YES _____ NO _____

If NO, Who Is the Current Property Owner? _____

Do You Have Homeowners Insurance on Home? YES _____ NO _____

Will Homeowners Insurance Cover Any Portion of Repair/Replacement Cost? YES _____ NO _____

PLEASE EXPLAIN:

PLEASE LIST ANY GOVERNMENT ASSISTANCE RECEIVED:

Are You A Veteran or Currently Serving? YES _____ NO _____

TYPE OF ASSISTANCE NEEDED:

Repair/Replacement Recommended By (Please Print): _____

Phone Number: _____ Email Address: _____

Person Requesting System Signature: _____

Print Name: _____ Date: _____