



WHATCOM COUNTY HEALTH DEPARTMENT
On-Site Sewage System
Request for Fee Review

509 Girard Street
Bellingham, WA 98225
Telephone: 360-778-6000
Fax: 360-778-6001

Property Owner Name \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Disputed Property Address \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

REASON FOR REQUESTING A REVIEW? \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Whatcom County Health Department (WCHD) Staff may make a site visit to confirm the presence or absence of an on-site sewage system (OSS) on the property. If WCHD staff determine that the fee was assessed in error, our records will be updated and we will forward information to the Whatcom County Treasurer's Office.

I agree to a site visit by WCHD staff in order to complete this review.

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

- Health Department Use Only -

[ ] Presence of OSS confirmed by \_\_\_\_\_ Date \_\_\_\_\_

Site visit made on \_\_\_\_\_

Explanation of determination: \_\_\_\_\_

[ ] Absence of OSS confirmed by \_\_\_\_\_ Date \_\_\_\_\_

Site visit made on \_\_\_\_\_

Explanation of determination: \_\_\_\_\_

Update sent to the Treasurer's Office by: \_\_\_\_\_ Date: \_\_\_\_\_