CITY OF CROSSLAKE PLANNING AND ZONING OFFICE

SEPTIC COMPLIANCE AND/OR INSPECTION AGREEMENT PROPERTY OWNER INFORMATION



PROPERTY OWNER:				
PHONE NUMBER:				
SITE ADDRESS:				
Section LEGAL DESCRIPTION	Township <u>137</u> Range			
PARCEL NUMBER(S)				
	<mark>IGN THIS FORM IN THE PRESENCE OF</mark> TARY PUBLIC.			
I hereby swear and affirm that the abov	ve information is true and correct.			
Date	Property Owner's Signature			

Subscribed and sw	orn		
Before me this	day of	, 20	(Notary stamp or seal)

Notary Public

State of Minnesota County of _____