



WINNEBAGO COUNTY HEALTH DEPARTMENT
 401 Division Street
 P.O. Box 4009
 Rockford, IL 61110
 Phone: (815) 720-4100

FOR OFFICE USE ONLY:

Date Rec'd: _____
 Amt. Rec'd: _____
 Check#/Cash: _____
 Receipt #: _____
 App. #: _____

CONVENTIONAL LOAN INSPECTION APPLICATION – Fee: \$160.00

INSTRUCTIONS: Return the Loan Application and Fee of \$160.00 to the above address. Please provide a copy of the property's real estate listing sheet, if available.

NOTE: A Winnebago County Health Department inspector will enter property ONLY when accompanied by the owner or owner's authorized agent. Septic tank must be made accessible for inspection prior to the appointment date.

PROPERTY TO BE INSPECTED

ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PROPERTY CODE NUMBER: _____ PIN: _____ - _____ - _____
 SUBDIVISION NAME: _____ LOT NUMBER: _____
 CURRENT OWNER'S NAME: _____

Is the property served by Public Sewer? Yes ___ No ___ Is the property served by Public water? Yes ___ No ___

PERSON TO PROVIDE ACCESS TO PROPERTY

NAME: _____
 DAYTIME (CELL) PHONE: (_____)_____-_____-_____ HOME PHONE: (_____)_____-_____-_____

PERSON TO PROVIDE ACCESS: Home Owner ___ Realtor ___ Other ___

INSPECTION LETTER AND RESULTS WILL BE RETURNED TO:

NAME: _____

COMPANY NAME (if applicable): _____

BUSINESS PHONE: (_____)_____-_____-_____ HOME/CELL PHONE: (_____)_____-_____-_____

RETURN METHOD (select only one):

___ E-mail E-mail Address: _____

___ USPS Mailing Address: _____

Name: _____
 Print Name

Signature: _____
 Signature