



MIDLAND COUNTY DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SERVICES DIVISION
 220 W. Ellsworth St., Midland, MI 48640-5194
 Phone 989-832-6679 / FAX 989-832-6628
 www.co.midland.mi.us/health department

Office Use:
 Rec. By: _____
 Date: _____
 Receipt # _____
 Amount _____

MORTGAGE EVALUATION APPLICATION

Applicant's Name: _____

Address: _____
 (Street) (City) (State) (Zip)

Phone: _____
 (Home) (Work)

Contact Person (if other than applicant listed): _____

Phone: _____ Best time to call: _____

Site Address: _____ Township: _____ Sec: _____

Seller's Name: _____ Phone: _____

Original Owner (If known) _____

Buyer's Name: _____ Phone: _____

Age of House: _____ yrs. No. of Bedrooms: _____

Garbage Disposal: Yes _____ No _____ Is house presently occupied? Yes _____ No _____

If no, last known date of occupancy: _____

Type of Loan: Farm Home _____ FHA _____ V.A. _____ Other _____

Send report to: _____

Address: _____

Well Information
 Well Depth: _____ ft. Casing Diameter _____ inch
 Well drilled by: _____
 Approx. Date Drilled _____
 Municipal: Water _____ Sewer _____

Septic System Information
 Septic tank Size: _____ gallon
 Drainfield Size: _____ lineal ft.
 Or
 Drained Size: _____ sq. ft.
 Installed By: _____
 Approx. Date Installed: _____

