

FOOTHILLS HEALTH DISTRICT
Application Fee Refund Request

County: Rutherford McDowell

Please fill out the information below and return this form to the office where the application was processed.

Application Type	<input type="checkbox"/> New <input type="checkbox"/> Re-Evaluation <input type="checkbox"/> Addition / Expansion <input type="checkbox"/> Non-Residential/Commercial <input type="checkbox"/> Repair <input type="checkbox"/> Abandonment
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Service Type	<input type="checkbox"/> Septic and Well <input type="checkbox"/> IP <input type="checkbox"/> CA <input type="checkbox"/> Septic only <input type="checkbox"/> IP <input type="checkbox"/> CA <input type="checkbox"/> Well Only <input type="checkbox"/> IP <input type="checkbox"/> CA <input type="checkbox"/> Water Sample <input type="checkbox"/> Existing Septic Inspection <input type="checkbox"/> Food Service Fee
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County Pin #: _____ Application #: _____

Applicant: _____

Phone#: _____ Email: _____

Contact Person/Agent Name: _____ Contact #: _____

Property Location/ 911 Address: _____ City: _____ State: _____ Zip: _____

Subdivision: _____

Lot: _____ Phase: _____ Section: _____

Original Application Date: _____

Original Method of Payment: Cash Check #: _____ Credit Card

Original Fee Paid: _____ Original Receipt #: _____

Reason for Request: _____

Refund Mailing Address: _____

_____ City: _____ State: _____ Zip: _____

Applicant/Legal Agent: (Printed Name) _____

(Signature) _____

Today's Date: _____

Health Department Return Address:

Rutherford County Health Department
Attn: Environmental Health
221 Callahan Koon Road
Spindale, NC 28160

McDowell County Health Dept.
Attn: Environmental Health
408 Spaulding Road
Marion, NC 28752

Email:

mcdowellenv@foothillshd.org
rutherfordenv@foothillshd.org