



Columbia County Department of Health

Victoria McGahan, MS
Public Health Director

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APPLICATION FOR RECORD SEARCH

Original Applicant Name: _____
(Name of person that had system installed)

Parcel Location: _____

Township: _____ Tax Map# _____ Acreage: _____

Single Lot: _____ Subdivision Name if Applicable: _____
Lot# _____

Contractor Name if Applicable: _____

Is there an existing structure with a septic system on the property? _____

Year: _____ Certification Letter: _____ or Requirement Letter: _____
(if system is installed) or (No system installed)

A research fee of \$25.00 made payable to the Columbia County Department of Health must accompany this research application. Incomplete applications will be returned.

You're requesting this information as a; Contractor/Realtor/Property Owner or Purchaser

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR COMPLETION OF RECORD SEARCH