



St. Joseph County Department of Health

"Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents"

Schematic Request

Person Requesting Schematic(s): _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Schematic Information:

☐ Most recent schematic only

☐ All available schematics

☐ Will Pick Up _____
(Date)

☐ FAX _____

☐ E-Mail PDF to: _____
(E-Mail Address)

1. Address & City: _____

Subdivision & Lot No.: _____

2. Address & City: _____

Subdivision & Lot No.: _____

3. Address & City: _____

Subdivision & Lot No.: _____

FOR OFFICE USE ONLY!

Date of Request: _____

Number of Schematics: _____

Date Issued: _____

Amount Paid/Invoiced: _____

Transaction/Invoice #: _____

Initials of Staff: _____

envirohd@sjcindiana.com