



**Washtenaw County Public Health
Environmental Health Division**

705 N. Zeeb Road, P.O. Box 8645
Ann Arbor, MI 48107-8645
Phone: (734) 222-3800 Fax: (734) 222-3930
www.ewashtenaw.org

HEARING REQUEST

I hereby request a hearing before the Washtenaw County Board of Health under the provisions of the *Washtenaw County Regulations for the Onsite Management, Treatment and Disposal of Wastewater*; the *Washtenaw County Regulation for Privately Owned Community Sewage Systems*; the *Washtenaw County Rules and Regulations for the Protection of Groundwater*; the *Washtenaw County Regulation for the Inspection of Residential Onsite Water Supply and Sewage Disposal Systems at Time of Property Transfer*; the *Washtenaw County Pollution Prevention Regulation*; or the *Washtenaw County Procedures for the Administration and Enforcement of the Michigan Food Law, as amended*.

Address/Location of Property: _____

City/Township: _____

PERSON OR FIRM REQUESTING HEARING

Name: _____

Street: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

CONSULTANT/COUNSEL (IF APPLICABLE)

Name: _____

Street: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

HEARING INFORMATION (ATTACH ADDITIONAL DOCUMENTATION AS NECESSARY)

Briefly state what you are requesting of the Board. This should be a specific proposal which will meet the intent of the law. The Board can grant a variance only if the intent of the law will be met in an alternate proposal.

space reserved for receipt imprint

Applicant Signature

Date

HEARING PROCEEDINGS

Hearing Date: _____

Present:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Outcome: _____

Comments/Discussion: _____

Washtenaw County Representative

Date