

**Homeowner  
OSSF  
Maintenance  
Course Fee:  
\$125.00**

**HARRISON COUNTY ENVIRONMENTAL HEALTH  
3800 FIVE NOTCH ROAD, MARSHALL, TX 75672  
OFFICE: (903) 938-8339 FAX: (903) 938-0969**



**HCEH USE ONLY**

RECEIPT NO. \_\_\_\_\_

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

**APPLICATION FOR HOMEOWNERS  
OSSF MAINTENANCE COURSE**

**DRIVERS LICENSE NUMBER OF PROPERTY OWNER REQUIRED WITH APPLICATION**

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

4. SITE ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(STREET) (CITY) (ZIP)

5. MAILING ADDRESS (if different from above): \_\_\_\_\_

6. TELEPHONE NO. ( ) / /  
(HOME) (WORK) (OTHER)

7. DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

8. Aerobic System Brand Name (i.e. Cajun Aire, Clearstream, Nayadic, Norweco etc.): \_\_\_\_\_

9. EMAIL ADDRESS: \_\_\_\_\_ 10. Is this your primary residence  Yes  No

**PLEASE FILL OUT THE FOLLOWING INFORMATION TO THE BEST OF YOUR ABILITY**

9. ACREAGE \_\_\_\_\_ PERMIT# \_\_\_\_\_

10. Source Of Water: Private Well Public Water Supply \_\_\_\_\_  
(Name of Supplier)

11. Square Footage of Living Area: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

**I hereby understand that no refunds are available. I may reschedule for another class at no extra charge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date