

## Crow Wing County Sewer Information Request Form

Name of Current Owner:

Name of Previous Owner:

Site Address:

Real Estate Code:

Legal Description:

Year of System Installation:

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Requested By:

Phone Number:

E-Mail Address:

Fax Number:

**\*\*Response will be sent by e-mail unless e-mail not available\*\***

Please send this request by e-mail to:  
[Planning.Zoning@co.crow-wing.mn.us](mailto:Planning.Zoning@co.crow-wing.mn.us)  
or by fax at 218-824-1126.