



**Application for an Exemption
From Requirement to
Connect to Sanitary Sewer System**

Property Owner Information

Name: _____
 First Middle Last

Property Address: _____
 Street City/State Zip

Phone: () () ()
 Home Work Cell

Email: _____

Angelina County Appraisal District Property ID No.: _____

On-Site Sewage Facility Information

Date of Original Installation: ____ / ____ / ____
 Month Day Year

Name of Installer: _____

Angelina County & Cities Health District License No.: _____

Previous Property Owner Name: _____

By signing this application for an exemption from the requirement to connect to the District’s sewer system, I attest that I am the legal property owner listed above and the information provided above is true and correct to the best of my knowledge. Further, I acknowledge that an inspection by the Angelina County & Cities Health District will be performed for the purpose of determining that the OSSF referenced above is properly licensed and functional.

Name (print)

Date

Signature