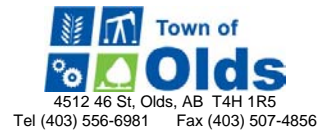


Sewer Camera Inspection Request



**A deposit of \$150 is required with this application.
Deposit will be refunded if the blockage / roots are on Town of Olds property.**

TO BE COMPLETED BY APPLICANT PLEASE PRINT

NAME of APPLICANT or OWNER			Tel	
DATE requested for INSPECTION			Preferred TIME	
Municipal Address of PROPERTY				
LEGAL Land Description:	Lot	Block	Plan	
Inspection COMMENTS				
Inspector _____			Date Inspection Completed	
Diagram				

OFFICE USE ONLY

Date Deposit Received _____ Receipt No. _____ Deposit Refunded <input type="checkbox"/> no <input type="checkbox"/> yes Date _____	Additional Comments
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