

FORM – 027

_____ MUNICIPALITY / CORPORATION

APPLICATION FOR OBTAINING SANITATION CERTIFICATE

A. Applicant Particulars

1. Circle No.	
2. Name of the applicant	
3. Father's Name / Husband Name	
4. Postal Address of the Applicant	
5. Address of the premises seeking sanitation certificate	
6. Contact (Mobile) No.	
8. Property Tax Assessment No. of Business establishment	

B.

1. Nature of business establishment	
2. The premises is	<input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Lease
3. Date of occupying the premises	
4. Probable number of occupants	
5. Number of rooms	
6. Water storage capacity	
7. Number of urinals	
8. Number of Toilets	

Applicant Undertaking:

I hereby declare that all the information mentioned above is true to my knowledge. In case of any discrepancies if arises I will be held responsible. Hence I request you to issue me Sanitation certificate.

Date:

Applicant's Signature

List of Enclosures

1. Attested copy of property documents (own)
2. Attested copy of lease agreement (in case lease / rent)
3. Property Tax Receipt

Office Use Only

I have verified the application and the enclosures and the application qualifies for further verification. Thereby it is requested to collect the processing fees of Rs. _____

Name & Signature of the Receiver