

File Search/Inspection Request

Completed request and fee must be submitted 20 days prior to closing date. Mail completed form with payment to: 185 Robinson Street, Suite 200, Simcoe ON N3Y 5L6

\$187.00 (HST included) Cheques are to be made payable to Grand Erie Public Health per business unit or address.

Purchaser's Name:	<input type="text"/>	Agent's Name:	<input type="text"/>
Address:	<input type="text"/>		
City/Town:	<input type="text"/>	Postal Code:	<input type="text"/>
Phone:	<input type="text"/>		
Owner's Name:	<input type="text"/>		
Address:	<input type="text"/>		
City/Town:	<input type="text"/>	Postal Code:	<input type="text"/>
Phone:	<input type="text"/>	Work Phone:	<input type="text"/>

NOTE: Residential file searches for outstanding work orders on sewage disposal systems must be directed to:

NORFOLK COUNTY BUILDING DEPT. (519-426-5870) OR
HALDIMAND COUNTY BUILDING DEPT. (905-318-5932)

PROPERTY DESCRIPTION:

Commercial Name:	<input type="text"/>		
Street Address:	<input type="text"/>	Lot:	<input type="text"/>
Concession:	<input type="text"/>		
Plan Number:	<input type="text"/>	Sub lot:	<input type="text"/>
Township:	<input type="text"/>		
Closing Date:	<input type="text"/>		

Grand Erie Public Health File Search for Outstanding Work Orders against:

Food premises (commercial kitchen that serves food to the public), seasonal farm worker housing, recreational water (swimming pools, spas and hot tubs), public facilities with a well (i.e. campgrounds, trailer parks), personal services settings (hair salons, nail salons, tattoo shops, barber shops), licensed daycares, group homes, lodging homes, retirement homes, long term care facilities, premises regulated by the Smoke Free Ontario Act

Please Specify:	<input type="text"/>
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The following owner approval MUST be completed.

I/We, the undersigned, the owner of the above-mentioned lands and premises hereby authorize and direct you to inspect the above-mentioned lands and premises and to release the report of the results of such inspection to

Name _____ Address _____

agent for Purchaser or Vendor. This shall be your good and sufficient authority for so doing.

Dated at _____ this _____ day of _____ 2026

Owners _____ Witness _____