THE EADS GROUP, INC.

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SEPTIC COMPLAINT FORM

OWNER OF PROPERTY WHERE SEPTIC IS ALLEGEDLY MALFUNCTIONING:

Name: _____

Address: _____

_____

INFORMATION FOR PROPERTY WHERE SEPTIC IS ALLEGEDLY MALFUNCTIONING:

Tax number: _____

Address of property: _____

(If not same as above) _____

COMPLAINT

Location and Nature of complaint: _____

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