



**Township of Huron-Kinloss**  
**Community Septic Inspection Program**  
**Release of Information Form**

Property Owner(s):

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Property Address:

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Recipient Name:

Date:

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This information may also be forwarded to potential buyers of a property.

Real Estate Agent:

Brokerage:

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Agent Contact Number:

Names of Potential Buyers (if known):

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Inspection Date:

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We understand that the information provided is based on a non-invasive inspection conducted on the date above. This information does not guarantee the operational condition of the system. It is a summary of known observations made during the inspection.

Property Owner Signature:

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Printed Name:

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