



Marion County Public Health Department
Wellfield Protection Program
3901 Meadows Dr. Indianapolis, IN 46205
(317)221-2266

Notification of Change of Ownership Or Change of Owner Operations

Business Name:

Business Address:

Address Line 2:

The property located at _____, in Indianapolis, IN doing business as _____ has changed ownership or has changed operations. The change consists of the following:

_____.

Please submit form including all changes in process or occupants within 60 days from the date of the change. Failure to submit form is a violation of the Marion County Public Health Department Wellfield Protection Ordinance and could result in enforcement action.

Name (printed)

Date

Name (signature)

Company

Title (printed)

Send form to:

Marion County Public Health Department
C/O Water Quality & Hazardous Materials Management
3901 Meadows Dr.
Indianapolis, IN 46205