



Lake County Health Services Department
**REAL ESTATE BUSINESS REQUEST FOR
 PUBLIC HEALTH ORDER EXEMPTION**
 As of 4-8-20

Information Questionnaire	
Contact Person	Name
	Phone Number
Realty Information	Company Name
	Address
	Phone
Property Location	Address
Reason Requesting Real Estate Exemption	
Provide justification as to why this transaction could not be done virtually.	
How long will the process take?	
Provide Client(s) Information, Date of Birth & Address traveling from	Name(s) , DOB
	Address
How long will your clients be in the area?	
Will your clients require lodging in Lake County? If Yes, where do they plan to stay?	