



CONTRACTOR AUTHORIZATION LETTER
(Please print)

I _____
(Name of F.S. 489 Contractor)

of _____
(Name of Company)

Give authorization to _____
(Name of Agent(s))

To act on my behalf to apply for an Onsite Sewage Treatment & Disposal System Permit.

Signature of Contractor

Date

If you have any questions please call (352) 253-6130. This form can be Faxed to (352) 253-6133 or, mailed or hand delivered to:

**Florida Department of Health in Lake County
Environmental Health
315 W. Main Street
P.O. Box 1305
Tavares, FL 32778**

05/14/2007
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EHShare/OSTDS Forms/Contractor Authorization