



AUTHORIZATION LETTER
(Please print)

I _____ give
(owner of property)

authorization to _____
(name of agent)

to act on my behalf in all aspects of an application for an Onsite Sewage Treatment & Disposal System .

(OSTDS) for lot _____ Block _____ Unit _____
Subdivision _____
Section _____ Township _____ Range _____
Alternate Key # _____

Metes & Bounds (Please attach legal description)

Signature of Owner

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

Authorization 10/2005

REVISED 04/2013

EHShare/OSTDS Forms/Authorization Letter