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