

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

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## FLORIDA DEPARTMENT OF HEALTH IN INDIAN RIVER COUNTY

### OWNER AUTHORIZATION

I, \_\_\_\_\_  
**PRINT** Name of Owner

authorize \_\_\_\_\_  
**PRINT** Name of Agent(s)

to apply for an Onsite Sewage Treatment and Disposal System Permit from the Florida Department of Health in Indian River County on my behalf for the property with the address of:

\_\_\_\_\_

If not utilized within six months from the date of my signature, this authorization will become void. No Changes to this authorization are valid without my signature.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
**PRINT** Name of Signatory

