## Mission:

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



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

## FLORIDA DEPARTMENT OF HEALTH IN INDIAN RIVER COUNTY OWNER AUTHORIZATION

| I,  |   |
|---|---|
| PRINT Name of Owner   |   |
|   |   |
| authorize   |   |
| to apply for an Onsite Sewage Treatment and Disposal S      | System Permit from the Florida Department of  |
| Health in Indian River County on my behalf for the prope    | rty with the address of:                      |
|   |   |
|   |   |
| If not utilized within six months from the date of my signa | ture, this authorization will become void. No |
| Changes to this authorization are valid without my signat   | rure.   |
|   |   |
|   |   |
|   |   |
| Signature of Owner  | Date  |
|   |   |
|   |   |
|   |   |
| PRINT Name of Signatory                                     |   |

