



## Agent Authorization Form

I, \_\_\_\_\_ (NAME OF OWNER – Print) do

authorize \_\_\_\_\_ (NAME OF APPLICANT – Print)

to act as my agent in obtaining septic and/or well permit(s) from the

Henderson County Department of Public Health.

*Address/Parcel Number of Property:* \_\_\_\_\_

\_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: All blanks must be filled in or this form will not be accepted.