



**Public Health**  
**Delta & Menominee Counties**  
**Environmental Health Division**



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909 Tenth Avenue  
 Menominee, Michigan 49858  
 Ph:(906)863-4451 - Fax:(906)863-7142

**Authorization Form**

Representative: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I authorize the above individual to act as my representative in regard to signing for my well and/or septic permit for my property located at \_\_\_\_\_.  
 In doing so, I agree to the specified requirements on the permit.

\_\_\_\_\_  
 Name of Property Owner – *Please Print*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature