



DEPARTMENT OF HEALTH IN GULF COUNTY

Property Owner Transfer of Authority to Obtain
Onsite Sewage Treatment and Disposal System (OSTDS)
or Aerobic Treatment Unit (ATU)
Permitting or Approval Services

Date: _____

TO WHOM IT MAY CONCERN:

I, _____ appoint
Name of Property Owner

Name of Agent

to act as my agent, in obtaining onsite sewage and treatment disposal (OSTDS)
permitting/approval, for my property located at:

Address of Property/Parcel ID Number

from the Department of Health in Gulf County.

Owner Signature

Owner Mailing Address
