



Public Health Department

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Environmental Health

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Agent Authorization

TO BUTTE COUNTY ENVIRONMENTAL HEALTH DIVISION:

I, _____, GIVE _____
(Print Owner's Name) (Print Agent's Name)

PERMISSION TO ACT AS MY AGENT FOR THE PURPOSE OF OBTAINING A PERMIT PERFORMING
WORK ON THE:

- SEPTIC SYSTEM
- WELL
- PRE APPLICATION REVIEW
- OTHER _____

PROPERTY LOCATED AT: _____

ASSESSOR PARCEL NUMBER (APN): _____

OWNER SIGNATURE: _____ DATE: _____