## DEPARTMENT OF HEALTH & HOSPITALS OFFICE OF PUBLIC HEALTH (Designated Agent Form)

## **AFFIDAVIT**

Property Owner (Print)  I,	STATE OF LOUISIANA		
notary public, commissioned in and qualified for the Parish and State aforesaid, and the two undersigned competent witnesses,  personally came and appeared:  Property Owner (Print)  I,, a person of full age and majority domiciled in the Parish of, owner of the property located at  do hereby appoint as my designated agent for the purposes of securin a temporary permit to install an onsite wastewater treatment system for the above referenced property.  Witnesses:  Signature  Print  Signature  Print	PARISH OF		
Property Owner (Print)  I,	notary public, commissioned in a	and qualified for the Parish and S	tate aforesaid, and the two
I,	personally came and appeared:		
		Property Owner (	Print)
do hereby appoint as my designated agent for the purposes of securin a temporary permit to install an onsite wastewater treatment system for the above referenced property.  Witnesses:  Signature  Print  Signature of Owner  Signature			
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Signature of Owner  Print	i	= .	
Signature of Owner  Print	Print		
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Notary Public Date	Print	_	
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