

# Rutherford Polk McDowell Health District -Environmental Health

## LEGAL REPRESENTATIVE FORM – BUSINESS

I \_\_\_\_\_ certify that I am the \_\_\_\_\_  
(Print Name) (Held Position)  
of and have the authority to conduct business for \_\_\_\_\_  
(Property Owner's / Company Name)

I do hereby provide \_\_\_\_\_ and any authorized  
(Legal Representative's / Company Name Printed)  
employees listed below limited power of attorney to apply for all the permits required for making septic system  
(wastewater system), and well (water system) installations on property owned by \_\_\_\_\_ located at:  
(Property Owner's / Company Name)

Location: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Tax Parcel ID #: \_\_\_\_\_

I acknowledge that Rutherford Polk McDowell Health District may rely on this limited power of attorney and that any subsequent modification or termination of this power of attorney must be delivered in writing to the Director, Rutherford Polk McDowell Health District, for any such modification or termination to be effective.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE TITLE TELEPHONE NUMBER

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

I \_\_\_\_\_ as \_\_\_\_\_  
(Print Name) (Held Position)  
of \_\_\_\_\_ authorize the following employees to represent this  
(Company Name)  
company and sign for any documents required by the Rutherford Polk McDowell Health District for the property listed  
above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE TITLE TELEPHONE NUMBER

**THIS FORM EXPIRES ONE YEAR FROM DATE NOTARIZED**

# Rutherford Polk McDowell Health District - Environmental Health

## LEGAL REPRESENTATIVE FORM FOR - INDIVIDUAL

I \_\_\_\_\_ do hereby provide  
(Printed Owner's Name)

\_\_\_\_\_ and any authorized  
(Individual / Company Name)

employees listed below limited power of attorney to apply for all the permits required for making septic system (wastewater system) and well (water system) installation(s) on my property located at:

Location: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Tax Parcel ID #: \_\_\_\_\_

I acknowledge that Rutherford Polk McDowell Health District may rely on this limited power of attorney and that any subsequent modification or termination of this power of attorney must be delivered in writing to the Director, Rutherford Polk McDowell Health District, for any such modification or termination to be effective.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

I \_\_\_\_\_ as \_\_\_\_\_  
(Print Name) (Held Position)

of \_\_\_\_\_ authorize the following employees to represent this  
(Company Name)

company and sign for any documents required by the Rutherford Polk McDowell Health District for the property listed above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

**THIS FORM EXPIRES ONE YEAR FROM DATE NOTARIZED**