Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

LETTER OF AUTHORIZATION

| I | authorize | | to act as my agent | for the |
|-----------------------------|----------------------|--------------------------|-------------------------|----------|
| permitting of an Onsite Sev | wage Treatment and D | Disposal System with the | e Florida Department of | f Health |
| - Hillsborough County. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Signature of Applicant | | | | |
| | | | | |
| | | | | |
| Date | | | | |

PHONE: (813) 307-8059 • FAX: (813) 272-7242