



MONTGOMERY COUNTY HEALTH DEPARTMENT

Norristown Health Center
1430 DeKalb Street, PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

Pottstown Health Center
364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

Eastern Court House Annex
102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

AGENT AUTHORIZATION

_____, 20_____ Application No. _____

I, We, _____

owner(s) or authorized agent of the real property located in the Township of _____,

County of Montgomery and Commonwealth of Pennsylvania more specifically described as follows:

do hereby authorize, empower and appoint _____
(driller and/or builder name)

my lawful agent(s) exclusively and specifically with reference to acquisition of a **PERMIT FOR INSTALLATION OF AN INDIVIDUAL WATER SUPPLY SYSTEM** on the property described above. My agent herein named is authorized to file applications, conduct tests, attend meetings, receive notices and to do any and all other acts necessary for the permitting and/or construction of said system.

IN WITNESS WHEREOF, I, WE, hereunto place our hand(s) and seal(s).

Sworn & subscribed before
me this ____ day of

_____, 20_____

Signature/Property Owner

Signature/Property Owner

Notary Public

**THIS FORM MUST BE NOTARIZED AND
HAVE A COMPLETE ACKNOWLEDGMENT
IF AN AGENT IS APPOINTED**

MCHD-WW-004
Revised 01/03