

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

AFFIDAVIT

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the undersigned 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 securing a temporary permit to install an onsite wastewater treatment system for the above referenced property.

Witnesses:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

*Affix Notary Seal Here*