



201 N. Shiawassee St., 3rd Floor, Corunna, MI 48817
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<http://health.shiawassee.net>

Soil Erosion & Sedimentation Control Authorization Form

I authorize _____ to act as my representative regarding the
Soil Erosion & Sedimentation Control Permit for the project on my property located at
_____. In doing so, I agree to the specified
requirements on the Soil Erosion & Sedimentation Control Permit.

Signature

Date

Phone Number of Property Owner