

**PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

**AFFIDAVIT - CORPORATE OWNER APPLICATION
FOR PERMIT APPLICATION SUBMITTED TO PUTNAM COUNTY HEALTH DEPARTMENT**

To: Public Health Director

In the matter of application for: _____

I, _____

represent that I am an officer or employee of the corporation and am authorized to act for:

Name of Corporation: _____

Having offices at: _____

Whose Officers Are:

President - Name: _____

Address: _____

Vice President - Name: _____

Address: _____

Secretary -Name: _____

Address: _____

Treasurer - Name: _____

Address: _____

and that I am and will be individually responsible for any and all acts of the corporation with respect to the approval requested and all subsequent acts relating thereto.

Signed: _____

Title: _____

Sworn to before me this _____ day of
_____ (month) _____ (year)

Notary Public

Corporate Seal

