



# Jackson County Health Department

## Environmental Health Division

1715 Lansing Ave • Jackson, MI 49202  
Phone (517)788-4433 • Fax (517)788-4616  
Email: EHealth@MiJackson.org



## Designated Agent Assignment Form

Date \_\_\_\_\_

I, as the property owner, authorize \_\_\_\_\_ to act as my  
representative in regards to Soil Erosion and Sedimentation Control at my property located at

\_\_\_\_\_  
\_\_\_\_\_  
In doing so, I agree to ensure that all specified requirements on the Soil Erosion and Sedimentation Control Permit for this property are duly carried out. I understand that I, as the property owner, am ultimately responsible for the Soil Erosion and Sedimentation Control Permit requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone number of Property Owner