

*County of Moore*  
*Department of Health*  
705 Pinehurst Avenue • P.O. Box 279  
Carthage, North Carolina 28327

Designation of Legal Representative

I, \_\_\_\_\_, hereby authorize  
Property Owner (print)

\_\_\_\_\_ to serve as my legal  
Legal Representative (print)

representative for the purpose of obtaining a permit to install, repair or expand an on-site wastewater system and/or well. I understand that submittal of the application for evaluation will authorize the Moore County Health Department to perform said evaluation on my property.

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Property Owner

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Legal Representative

*“To Protect and Promote Health through Prevention and Control of Disease and Injury.”*  
<http://www.moorecountync.gov/health/>