



MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
An Accredited Local Public Health Department

www.mmdhd.org

CLINTON
Branch Office
1307 E. TOWNSEND RD.
ST. JOHNS, MI 48879-9036
989-224-2195

GRATIOT
Branch Office
151 COMMERCE DRIVE
ITHACA, MI 48847-1627
989-875-3681

MONTCALM
Branch Office
615 N. STATE ST., STE. 1
STANTON, MI 48888-9702
989-831-5237

ADMINISTRATIVE OFFICES
SUITE 2
615 N. STATE STREET
STANTON, MI 48888-9702
989-831-5237

KIMBERLY SINGH, M.A.
Health Officer

ROBERT GRAHAM, DO, MPH, FAAFP
Medical Director

**LETTER
OF TRANSFER**

Owner(s) Name: _____

Township: _____ Section Number: _____ Road/address: _____

Permit(s) No. or Application(s) No. _____

I, we, _____, as owner(s) of the above referenced
Permit(s), or Vacant Land Evaluation and having transferred such document(s) to:

Name: _____

Address: _____

_____ Phone: _____

do hereby sign over the rights to the above Permit Number(s) or Application Number(s).

The above information pertains to work performed by Mid-Michigan District Health Department
Environmental Health Specialist(s).

Signature of Owner/Applicant of Permits or VL

Date

Sworn to and subscribed before me, A Notary Public in and for the County of _____,

State of _____, this _____ day of _____, 20_____.

(Notary Public)