

## 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 615 N. State St. Ste. 2 Stanton, MI 48888-9702 (989) 831-5237



MARK W. (MARCUS) CHEATHAM Health Officer

JENNIFER MORSE, MD Medical Director

## **LETTER OF TRANSFER**

Owner(s) Name:			
Township:	Section Number:	Road/address:	
Permit(s) No. or A	application(s) No		
I, we,		, as owner(s) of the abo	ve referenced
Permit(s), or Vaca	ant Land Evaluation and having	transferred such document(s) to:	
Name:		-	
Address:		-	
		Phone:	
do hereby sign ov	er the rights to the above Perm	t Number(s) or Application Number(s).	
The above inform	ation pertains to work performe	d by Mid-Michigan District Health Departn	nent
Environmental He	ealth Specialist(s).		
Signature of Own	er/Applicant of Permits or VL	Date	
Sworn to and sub	scribed before me, A Notary Pu	blic in and for the County of	,
State of	, this	day of ,	, 20
	(1	lotary Public)	