



**CLINTON OFFICE**  
1307 E. Townsend Rd.  
Saint Johns, MI 48879-9036  
(989) 224-2195

**GRATIOT OFFICE**  
151 Commerce Dr.  
Ithaca, MI 48847-1627  
(989) 875-3681

**MONTCALM OFFICE**  
615 N. State St.  
Stanton, MI 48888-9702  
(989) 831-5237

**LETTER OF TRANSFER**

Owner(s) Name: \_\_\_\_\_

Township: \_\_\_\_\_ Section Number: \_\_\_\_\_

Road/address: \_\_\_\_\_

Permit(s) No. or Application(s) # \_\_\_\_\_

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

SUBSCRIBED AND SWORN TO before me, a Notary Public, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_.

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_, Notary Public

State of Michigan, County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Acting in the County of \_\_\_\_\_