

Name _____

Address _____

Bureau of Environmental Quality
Westchester County Department of Health
145 Huguenot Street, 7th Floor
New Rochelle, NY 10801

Dear Sirs:

I _____ hereby authorize the installation of (a) Backflow Prevention
Device(s) on my property located at _____
_____, as designed by _____.

Signed _____

Notary _____

Sign & Seal