



WILLIAMSON COUNTY GOVERNMENT

BOARD OF HEALTH APPLICATION FOR HEARING

Applicant Name: _____ Date: _____

Applicant Mailing Address: _____
(Street) (City) (Zip)

Applicant Email Address: _____

Applicant Phone #: _____ Mobile Phone #: _____

Owner Name: _____

Owner Mailing Address: _____
(Street) (City) (Zip)

Owner Phone #: _____ Mobile Phone #: _____

Site Address: _____
(Street) (City) (Zip)

Subdivision: _____ Lot #: _____ GIS #: _____

Applicant/Owner's Statement: I am requesting a hearing for the following reason:

(Applicant Signature) Date: _____

If you are unable to attend the hearing, you will need to appoint someone to represent you by completing a Limited Power of Attorney to speak on your behalf.

INFORMATION BELOW TO BE COMPLETED BY SDM STAFF

Application Received by: _____ Hearing Date: _____
(SDM Staff)

Adjacent Property Owners Notified: Yes No Date: _____ Staff Initials: _____

Sewage Disposal Management accepts only the original Board of Health Application for Hearing form with color Williamson County seal, and original signatures. No photocopies, emailed copies, or faxed copies will be accepted.

