



MILAM COUNTY HEALTH DEPARTMENT

INFORMATION RELEASE REQUEST

Information: (PLEASE ONLY ENTER THE INFORMATION YOU WANT LISTED)

Name _____

Company Name _____
(TCEQ no longer recognizes maintenance provider companies)

Address _____ City _____ Zip _____

Business Phone _____ Cell Phone _____ Fax _____

Website: _____ email: _____

The following information is required:

Installer Class Circle one I or II License #: _____

Site Evaluator License #: _____

Maintenance Provider License #: _____

I authorize the above information to be released by the Milam County Health Department to homeowners and or property owners. I understand that this information will be added to the health department website and in brochures. If any of my information should change I will notify the Milam County Health Department. I will not hold the Milam County Health Department responsible for incorrect information that is released.

Installer / Maintenance Provider / Site Evaluator Signature

SWORN and SUBSCRIBED before me on this _____ day of _____, _____, a notary public, in and for _____ County, Texas.

NOTARY PUBLIC