

POE Pilot Project Application

Applicant (Last Name, First Name)

Phone Number

Site Address

Site City, Zip Code

Phone Number

Email

IID Account Number

Renter

Property Owner

Printed Name

Signature

Date

If you rent the property, list property owner:

Property Owner (Last Name, First Name)

Phone

Address

City, State, Zip Code

Email

For Office Use Only:

APN #

Canal Name

Vendor Name

DEH Site Visit Date #1

DEH Site Visit Date #2

DEH Site Visit Date #3

Date Application Approved by DEH

Division of Environmental Health

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