Homeowner Declaration

l,	, allow the Imperial County Public Health Department, Imperial Irriga	ation District,
(Name of homeowner or legally authorized individua)	
and its third party vendors to access my pro	perty located at	
	(Property Address)	
for the purpose of providing my tenant	with a Point of Entry	system.
	(Tenant Name)	
Access to the property many consist of an e	valuation of existing equipment, sampling of water, and maintenance of in	stalled
equipment. After the completion of the POE	Pilot Project I will assume responsibility of the equipment by ensuring cur	rent of
future tenants properly care for the equipm	ent in order to promote the longevity of a properly functioning system.	
Date:	Signature:	

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