



Imperial County  
**Public Health Department**

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**Homeowner Declaration**

I, \_\_\_\_\_, allow the Imperial County Public Health  
(Name of homeowner or legally authorized individual)

Department, and its third-party vendors to access my property located at

\_\_\_\_\_, for the purpose of providing my  
(Property Address)

tenant \_\_\_\_\_ with a Point of Entry system. Access to  
(Tenant Name)

the property may consist of an evaluation of existing equipment, sampling of water, and maintenance of installed equipment. After the completion of the POE Project I will assume responsibility for the equipment by ensuring current or future tenants properly care for the equipment in order to promote the longevity of a properly functioning system.

Date \_\_\_\_\_ Signature \_\_\_\_\_