

POE PILOT PROJECT APPLICATION

Applicant Name: _____
 Phone Number: _____
 Site Address: _____
 Site City, Zip Code: _____
 Email Address: _____
 IID Account Holder Name: _____
 Account Number: _____

Renter Property Owner

If you rent or lease the property, list the property owner:

Property Owner Name: _____
 Phone: _____
 Address: _____
 City, State, Zip: _____
 Email Address: _____

Applicant Signature: _____ Date: _____

Office Use Only:

APN: _____ Canal Name: _____
 Vendor Name: _____ DEH Site Visit Date #1: _____
 DEH Site Visit Date #2: _____ DEH Site Visit Date #3: _____
 Approval Date: _____ Approval Staff: _____

Division of Environmental Health

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