



***North Shore Sanitary District
Industrial Waste Control Department***

***Duly Authorized
Representative Notification***

This form is to be submitted to the District for Approval by a facility's Authorized Representative in order to name a Duly Authorized Representative. Upon District approval the Duly Authorized Representative will be allowed to sign and submit required reports to the District.

Company Name: _____

Address: _____

Telephone: _____

Person completing
this form: _____

Title: _____

Authorized Representative (name): _____

(title): _____

SIGNATURE OF AUTHORIZED REP: _____

Duly Authorized Representative (name): _____

(title): _____

SIGNATURE OF DULY AUTHORIZED REP: _____

Effective date: _____

NOTE: The above Duly Authorization is non-transferable should a different individual become the facility's Authorized Representative. In order to maintain the signing capacity of the Duly Authorized individual the new Authorized Representative is required to submit a Duly Authorization form to the District for approval.