

**Appendix F –
PROOF OF DELIVERY
TO
PUTNAM COUNTY HEALTH DEPARTMENT
AND
MARSHALL/ PUTNAM COUNTY
SOIL AND WATER CONSERVATION DISTRICT**

The subdivider is to provide the following form along with preliminary and final plats to the Putnam County Health Department and Marshall/ Putnam Soil and Water Conservation District Offices. (The following offices are to sign and mail this form to Village of Hennepin, Plat Officer, 627 East High Street, P.O. Box 194, Hennepin, IL, 61327 and send a copy to the to the subdivider name _____.)
address _____

The

_____ Putnam County Health Department or;

_____ Marshall/ Putnam Soil and Water Conservation District

is in receipt of Preliminary/ Final Plat for _____ Subdivision in
(Circle one)

Putnam County, Illinois within the Village Limits or 1-1/2 miles of the Village of Hennepin.

This _____ day of _____, 20____.

Signature of Office Representative

(Seal)