



Department of Environmental Quality
 North Coast Office
 65 N. Highway 101, Suite 202
 Warrenton, OR 97146
 Telephone: (503) 861-3280 Fax: (503) 861-3259

NOTICE AUTHORIZING REPRESENTATIVE

I, _____, have authorized
 (Property Owner/Print Name)

_____ to act as my agent in performing
 (Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION:

_____ Property Situs or Road Address

And described in the records of _____ County as:

Township_____ Range_____ Section_____ Map ID_____ Tax Lot #(s) _____

Township_____ Range_____ Section_____ Map ID_____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

E-mail Address: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

E-mail Address: _____