



State of Oregon  
Department of  
Environmental  
Quality

**Department of Environmental Quality  
Eastern Region Offices**

- **Bend:** 475 NE Bellevue, Suite 110, Bend OR 97701  
Phone (541)388-6146, FAX (541)388-8283
- **Pendleton/Baker City:** 700 SE Emigrant, Suite 330, Pendleton OR 97801  
Phone (541)276-4063, FAX (541)278-0168

**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: \_\_\_\_\_