



Hood River County Environmental Health Department
1109 June Street, Hood River OR 97031

NOTICE AUTHORIZING REPRESENTATIVE

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

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

performing the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality, or agent thereof, 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 **Hood River 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: _____