Department of Health and Human Services
Environmental Health Program
155 N First Ave, MS 5, Suite 170
Hillsboro, OR 97124
Telephone: 503-846-8722 Fax: 503-846-3705
WashCoSeptic.com

AUTHORIZATION OF REPRESENTATIVE

I,_____, have authorized_____
Print Name of Property Owner Print Name of Authorized Representative

to act as my agent in performing the activities necessary to obtain site evaluations, permits and other onsite wastewater treatment program services provided by Washington County 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 Address:	
Township:	Section:
Range:	Tax Lot Number (s):
PROPERTY OWNER INFORMATION	
Name:	
Mailing Address: (include city, state, zip)	
Telephone:	Fax:
E-mail:	
Signature of Property Owner:	Date:
AUTHORIZED REPRESENTATIVE	
Name:	
Mailing Address: (include city, state, zip)	
Telephone:	Fax:
E-mail:	
Signature of Authorized Representative:	Date: