



**WASHINGTON COUNTY**

Dept. of Land Use & Transportation  
Planning and Development Services  
Current Planning  
155 N. 1<sup>st</sup> Avenue, #350-13  
Hillsboro, OR 97124  
Ph. (503) 846-8761 Fax (503) 846-2908  
http://www.co.washington.or.us

**Request For Statement Of Service  
Availability (Service Provider Letter)**

- WATER DISTRICT: \_\_\_\_\_
- FIRE DISTRICT: \_\_\_\_\_
- CITY OF: \_\_\_\_\_
- CLEAN WATER SERVICES (Sanitary Sewer)

Additionally, you'll need our separate, individual request forms titled:

- ◆ Clean Water Services (Surface Water Mgmt.)
- ◆ Tri-Met
- ◆ School
- ◆ Sheriff / Police
- ◆ Tualatin Hills Park & Recreation District

PROPOSED PROJECT NAME: \_\_\_\_\_

PROPOSED DEVELOPMENT ACTION: (DEVELOPMENT REVIEW, SUBDIVISION, MINOR PARTITION, SPECIAL USE)

EXISTING USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

IF RESIDENTIAL:	IF INDUSTRIAL/COMMERCIAL:	IF INSTITUTIONAL:
NO. OF DWELLING UNITS: _____	TYPE OF USE: _____	NO. SQ. FT. _____
SINGLE FAM. _____ MULTI-FAM. _____	NO. OF SQ. FT. (GROSS FLOOR AREA) _____	NO. STUDENTS/EMPLOYEES/MEMBERS: _____

PRE-APPLICATION DATE: \_\_\_\_\_

**Service Provider: PLEASE RETURN THIS FORM TO:  
APPLICANT:**

COMPANY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**OWNER(S):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Property Desc.: Tax Map(s): \_\_\_\_\_ Lot Number(s): \_\_\_\_\_

Site Size: \_\_\_\_\_

Site Address: \_\_\_\_\_

Nearest cross street (or directions to site): \_\_\_\_\_

**\*\*\*\*\* ATTENTION SERVICE PROVIDER \*\*\*\*\***

**PLEASE INDICATE THE LEVEL OF SERVICE AVAILABLE TO THE SITE (ADEQUATE OR INADEQUATE).  
RETURN THIS COMPLETED FORM TO THE APPLICANT AS LISTED ABOVE.**

(Do NOT return this form to Washington County. The applicant will submit the completed form with their Land Development Application submittal).

SERVICE LEVEL IS **ADEQUATE** TO SERVE THE PROPOSED PROJECT. (Use additional sheets if necessary.)  
Please indicate what improvements, or revisions to the proposal are needed for you to provide adequate service to this project.

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE LEVEL IS **INADEQUATE** TO SERVICE THE PROPOSED PROJECT.  
Please indicate why the service level is inadequate.

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_