



**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 For Sheriff / Police Services**

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

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

COMPANY: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

WASHINGTON COUNTY SHERIFF

**OWNER(S):**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 Property Desc.: Tax Map(s): \_\_\_\_\_ Lot Number(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Site Size: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 Nearest cross street (or directions to site): \_\_\_\_\_  
 \_\_\_\_\_

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: _____

**\*\*\*\*\* 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.  
 If the present or future service level is inadequate, please provide information documenting your inability to provide an adequate level of service. Please also provide information regarding whether the use of alternative means can be employed to provide an adequate service level. Documentation of adequacy and alternatives to provide an adequate service level may include but not be limited to the following:  
 1. Contracting with private agency; 2. Contracting with other public agency; 3. Impact fees; 4. Any combination of these or other alternatives.

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