

## WASHINGTON COUNTY OREGON

## **Condominium Name Reservation Request**

DATE:	
PROPOSED CONDO NAME:	
CLIENT NAME:	
REQUESTED BY:	

If the name is not used (plat recorded) within 10 years of approval, it will be automatically cancelled. Return form in person or via email: <u>A&T\_Cartography@washingtoncountyor.gov</u>

## FOR STAFF USE ONLY BELOW THIS LINE

RECEIVED	APPROVED	DENIED	REVIEWED BY