## Department of Health and Human Services Environmental Health Program

155 N First Ave, MS 5, Suite 170 Hillsboro, OR 97124

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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: