To request translation or disability-related accommodations, please contact us at **DTDcompliance@clackamas.us** | **503-742-4400**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **DTDcompliance@clackamas.us** | **503-742-4400**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по:
DTDcompliance@clackamas.us | **503-742-4400**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними:
DTDcompliance@clackamas.us | **503-742-4400**.

如需翻译服务或残障相关的协助，请与我们联系：
DTDcompliance@clackamas.us | **503-742-4400**。

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **DTDcompliance@clackamas.us** | **503-742-4400.**

Clackamas County
www.clackamas.us

CLACKAMAS COUNTY
NOTICE AUTHORIZING REPRESENTATIVE

I,_____, have authorized
(Property Owner/Print Name)
_____ to act as my
(Authorized Representative/ Print Name)

agent in performing the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clackamas County, an agent of the Department of Environmental Quality, 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. I further agree that I, and not my agent, must initiate any request for a refund of service fees, and any applicable refund will be issued to the original payor.

PROPERTY IDENTIFICATION:

Property Address_____

Township: _____ Range: _____ Section: _____ Tax Lot #(s): _____

Township: _____ Range: _____ Section: _____ Tax Lot #(s): _____

PROPERTY OWNER:

Printed Name: _____

Signature: _____ Date: ____/____/_____

Mailing Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Email Address: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Signature: _____ Date: ____/____/_____

Mailing Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Email Address: _____