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

NOTARIZING PLATS

As the surveyor of a plat, it is your responsibility to assure that the declaration and acknowledgement is in proper format; that the declarant signs the plat properly and with proper ink; and that the notary statement is properly completed. As a result of non-drying inks and smudging of notary seals, we will no longer accept plats that have been stamped with a notary seal (stamp). The proper procedure is outlined below:

Declaration: The declarant's signatures **must be in permanent black ink**. Signatures of ball point pens, colored ink, etc. may require a new signature page to be prepared.

Acknowledgement: In the acknowledgement; the day, month and year must be complete.

Acceptable	**Not Acceptable**
2nd day of June, 2015	2 day of Jun, 15
June 02, 2015	Jun 2, 15 or 6/2/15

Notarizing Plats: NO NOTARY STAMP REQUIRED (only for Oregon Notaries) (Pursuant to ORS 194.280(8))

STATE OF ***(state)***)
) ss
COUNTY OF ***(county)***)

Include the following on the plat notary statement:

_____ Notary Signature	(Notary signature in archival black ink)
_____ Notary Public for the State of Oregon	(**PRINTED** name of notary – This is required by statute)
Commission No._____	(Notary's commission number)
My Commission Expires:_____	(Month by name [not abbreviated], two-digit date and complete year i.e., August 01, 2013 – this is required by statute)

- All signatures and notary information must be in archival black ink.
- Do not include any text shown in ( )
- In no case, will a "crimped" notary be allowed on any plat.
- Out of state notaries must comply with their specific notary laws.