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

AFTER RECORDING, RETURN TO:

Clackamas County Surveyor's Office
150 Beavercreek Road #325
Oregon City, OR 97045

(503) 742-4475

PLAT MONUMENTATION AFFIDAVIT

[Subdivision Plat]

I, ***(name of surveyor),*** P.L.S. No.***(registration number)*****,** being first duly sworn, did say that I am the surveyor who surveyed the Plat of ***(name of plat)***, recorded in Plat book ***(number)***, Page ***(page number)*** Clackamas County Plat Records. In accordance with O.R.S. 92.070(5), the corners as noted below have been reestablished and correctly surveyed and marked with proper monuments as required by O.R.S. 92.060. The monuments were set on ***(date)***.

NOTE: If you are setting several monuments, an exhibit map may be necessary for clarification

(See attached Exhibit "A")

Land Surveyor's STAMP/SEAL/SIGNATURE

_____
Surveyor's name and business name &address

Renewal date: ***(enter date)***

NOTARY CERTIFICATE

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

Subscribed and sworn to before me this _____ day of _____, 20_____,

by _____***(name of surveyor)***_____**.**

_____
Notary Public for the State of Oregon

NOTARY STAMP/SEAL

My Commission Expires _____

COUNTY SURVEYOR APPROVAL

Approved this _____day of _____, 20__, in accordance with O.R.S. 92.070(5).

_____
Patrick M. Gaylord, PLS
Clackamas County Surveyor