



AUTHORIZING REPRESENTATIVE

I, _____, have authorized
(Property Owner / Print Name)

_____ to act as my agent
(Authorized Representative / Print Name)

in performing the activities necessary to obtain site evaluations, permits and other onsite wastewater treatment program services provided by the Department of Environmental Quality (DEQ) 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:

Site Address or "R" Number for vacant lot _____

PROPERTY OWNER:

Print Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

E-mail Address: _____

AUTHORIZED REPRESENTATIVE:

Print Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

E-mail Address: _____

Information is subject to change.