



State of Oregon Department of Environmental Quality

Notice Authorizing Representative



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

to act as my agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by 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 and I authorized DEQ agents to conduct required business activities on said property.

Property identification:

(Property Situs or Road Address)

And described in the records of: _____ County as:

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

Property owner:

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____

Authorized representative:

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____