



# 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.