



NOTICE AUTHORIZING REPRESENTATIVE

I, _____ (property owner), have authorized _____ (authorized representative), to act as my agent in performing the activities necessary to obtain services provided by Deschutes County Community Development Department. I agree that any costs not satisfied by the Authorized Representative are my responsibility. Authorization expires 12 months from Owner's signature.

PROPERTY IDENTIFICATION:

Property Address: _____

Tax account number or serial number: _____

Project Description: _____

PROPERTY OWNER:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____

Email Address: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____

Email Address: _____