



**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: \_\_\_\_\_