



**Coos County Community Development**

Mailing Address: 250 N. Baxter, Coquille, Oregon  
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Planning, Building, Onsite and Enforcement  
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TDD (800) 735-2900

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**NOTICE AUTHORIZING REPRESENTATIVE**

I, \_\_\_\_\_, have authorized  
(Property Owner/Print Name)  
\_\_\_\_\_ to act as my agent in performing  
(Authorized Representative/ Print Name)

The activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality for the property described below shall be carried out in accordance with OAR chapter 340, division 071. I acknowledge that any costs not paid by the Authorized Representative remain my responsibility. The property owner may continue to receive notifications regarding the progress of the application. If the Authorized Representative is not the licensed installer, the Department reserves the right to contact the licensed installer directly regarding technical aspects of the septic system, including design, materials, and installation.

**PROPERTY IDENTIFICATION:**

Property Address or Road Accessing Property: \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

**PROPERTY OWNER:**

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
E-mail \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:**

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
E-mail \_\_\_\_\_