



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

419 East Seventh Street, The Dalles, OR 97058

Phone: 541-506-2600 Fax: 541-506-2601

Website: www.ncphd.org

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 North Central Public Health District on the property described below. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION:

_____ Site Address

Township_____ Range_____ Section_____ Tax Lot_____

PROPERTY OWNER:

Printed Name:_____

Signature:_____ Date:_____

Address:_____ Phone:_____

City, State, Zip:_____ Fax:_____

E-mail Address:_____

AUTHORIZED REPRESENTATIVE:

Printed Name:_____

Signature:_____ Date:_____

Address:_____ Phone:_____

City, State, Zip:_____ Fax:_____

E-mail Address:_____