



# KLAMATH COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

Building Division, Planning Division, Code Enforcement, On-Site Sanitation, Parks and Solid Waste Division

305 Main Street, Klamath Falls, OR 97601  
(541)883-5121 or (800)378-1304 – Fax (541)885-3644

## Property Owner Authorization Form

I, \_\_\_\_\_ (property owner), have authorized  
\_\_\_\_\_ (authorized representative) to act as  
my agent in performing the activities necessary to obtain services and permits provided by Klamath  
County Planning Division, On-Site Sanitation Division, Building Division and Public Works.  
I agree that any costs not satisfied by the Authorized Representative are my responsibility.

### Property Identification:

Property Address \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot (s) # \_\_\_\_\_, # \_\_\_\_\_

### Project Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Property Owner:

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorized Representative:

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

**Once completed, please return this form to the Klamath County Community Development Department**