

CARTOGRAPHY DEPARTMENT MISCELLANEOUS WORK REQUEST

OFFICE OF ASSESSMENT
DOUGLAS COUNTY COURTHOUSE
1036 SE Douglas Avenue
Roseburg, OR 97470
(541) 440-4224

Owner
Name(s): _____
Mailing
Address: _____

Date: _____
Daytime
Telephone: _____

check here if this is a new mailing address.

PROPERTY IDENTIFICATION

Prop. ID#(s): _____ Township: _____ Range: _____ Section: _____ Tax Lot: _____

Are any taxes owing? Yes _____ No _____

WORK REQUESTED: Check all that are applicable

_____ Area Verification _____ Consolidation
_____ Name Change _____ Segregation
_____ Other (please specify) _____

COMMENTS / STATEMENT OF REQUEST:

I declare under the penalties of false swearing [ORS 305.990(4)] that I have examined this document (and any accompanying documents), and to the best of my knowledge, it is true, correct, and complete.

Owner's Signature * : _____

* Signature of owner required unless signing authority has been otherwise established; in which case a copy of the document establishing the individual(s) authority must be attached (ex: P.O.A., Partnership, Corporation, LLC, Estate, etc.).

FOR OFFICE USE ONLY

Action Taken: _____ By Whom: _____
_____ Date: _____

Property receiving STF assessment - Notified Farm/Forest Dept.