

# 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.