



WASHINGTON COUNTY

Department of Land Use & Transportation
Development Review/Current Planning
155 N First Ave., Suite 350, MS13
Hillsboro, OR 97124
Phone: 503-846-8761
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www.washingtoncountyor.gov

Request for Statement of Service Availability (Service Provider Letter)

PREAPPLICATION DATE: _____

Service Provider, PLEASE RETURN THIS FORM TO APPLICANT:

COMPANY: _____
CONTACT: _____
ADDRESS: _____
PHONE: _____
EMAIL: _____

- WATER DISTRICT: _____
- FIRE DISTRICT: _____
- CITY OF: _____
- CLEAN WATER SERVICES (Sanitary Sewer)

OWNER(S):

NAME: _____
ADDRESS: _____
PHONE: _____

Additionally, you'll need our separate, individual request forms titled:

- ◆ Clean Water Services (Surface Water Mgmt)
- ◆ Tri-Met
- ◆ School
- ◆ Sheriff/Police
- ◆ Tualatin Hills Park & Recreation District

Property Desc.: Tax Map(s): _____ Lot Number(s): _____
Site Size: _____
Site Address: _____
Nearest cross street (or directions to site): _____

PROPOSED PROJECT NAME: _____

PROPOSED DEVELOPMENT ACTION (DEVELOPMENT REVIEW, SUBDIVISION, MINOR PARTITION, SPECIAL USE): _____

EXISTING USE: _____ PROPOSED USE: _____

IF RESIDENTIAL:

NO. OF DWELLING UNITS: _____
SINGLE FAM: _____ MULTI-FAM: _____

IF INDUSTRIAL/COMMERCIAL:

TYPE OF USE: _____
NO. OF SQ FT (GROSS FLOOR AREA): _____

IF INSTITUTIONAL:

NO. SQ FT: _____
NO. STUDENTS/EMPLOYEES/MEMBERS: _____

******* ATTENTION SERVICE PROVIDER *******

PLEASE INDICATE THE LEVEL OF SERVICE AVAILABLE TO THE SITE (ADEQUATE OR INADEQUATE). RETURN THIS COMPLETED FORM TO THE APPLICANT AS LISTED ABOVE.

(Do NOT return this form to Washington County. The applicant will submit the completed form with their Land Development Application submittal.)

- SERVICE LEVEL IS **ADEQUATE** TO SERVE THE PROPOSED PROJECT. (Use additional sheets if necessary.)
Please indicate what improvements, or revisions to the proposal are needed for you to provide adequate service to this project.

SIGNATURE: _____ POSITION: _____ DATE: _____

- SERVICE LEVEL IS **INADEQUATE** TO SERVICE THE PROPOSED PROJECT.
Please indicate why the service level is inadequate.

SIGNATURE: _____ POSITION: _____ DATE: _____