



**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  
[lutdev@washingtoncountyor.gov](mailto:lutdev@washingtoncountyor.gov)  
[www.washingtoncountyor.gov](http://www.washingtoncountyor.gov)

**Request for Statement of Service  
Availability for THPRD**

TUALATIN HILLS PARK & REC. DISTRICT

PREAPPLICATION DATE: \_\_\_\_\_

**Service Provider, PLEASE RETURN THIS FORM TO APPLICANT:**

COMPANY: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**OWNER(S):**  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
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.

This project is IN the THPRD.

This project is OUT of the THPRD.

This project IS required to annex into the THPRD service district prior to plat recordation.

This project IS NOT required to annex.

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_