



## LETTER OF AUTHORIZATION

I, \_\_\_\_\_ (Authorized Representative), duly authorized to represent \_\_\_\_\_ (Utility), hereby authorize \_\_\_\_\_ (Authorized Agent) as follows:

Authorized Agent shall have full power and authority to apply for and procure right of way permit(s) on behalf of Utility from Washington County, Oregon (County) for the purposes of constructing, maintaining and operating utility infrastructure along rights of way under the jurisdiction of County.

Authorization limitation (check one):

☐ Only permits pertaining to: \_\_\_\_\_

☐ Authorization to apply for permits is not limited.

Authorized Agent's delegated power, on behalf of Utility, shall include, but not be limited to, the power to:

1. Apply for Right of Way permit(s)
2. Upload documents necessary for the review and approval of right of way permit(s)
3. Schedule inspections
4. Obtain insurance and provide proof to County upon request
5. Cancel permits, request permit extensions, submit permit amendments, provide work schedules/locations
6. Perform all work required by County

This delegation shall include Authorized Agent's obligation to comply with all legal requirements and conditions placed upon any issued right of way permit(s). Nonetheless, any failure of the Agent to follow the requirements of the permit(s) or satisfy the conditions of the permit(s) shall be taken as a failure of Utility and no distinction between Authorized Agent and principal shall be made by County in any enforcement action or remedy available to the County.

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This letter may be terminated at any time by Utility, Authorized Agent or County upon providing thirty (30) days’ written notice to other parties. Termination of this letter of authorization does not obviate Utility’s responsibility to perform and satisfy the conditions placed upon permit(s) issued to Authorized Agent prior to termination. This letter shall expire at the end of each calendar year and a new Letter of Authorization shall be provided to the County prior to obtaining additional permits.

*Authorized Representative*

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*NAME (PRINT)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Name of Firm*

\_\_\_\_\_  
*Address*

\_\_\_\_\_

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

*Authorized Agent*

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*NAME (PRINT)*

\_\_\_\_\_  
*Title*

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*Phone*

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*Email*

APPROVED AS TO FORM  
/s/ Cortney Duke-Driessen  
Assistant County Counsel  
Date: 6/14/2021