

I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

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I (we) certify that I (we) have read, understood, and confirm all the statements listed above and throughout the application form.

Authorized Signature: *David Tatman*  
Printed Name: DAVID TATMAN Date: 3/11/24  
Address (include ZIP): P.O. Box 7416 Salem, OR 97303

Authorized Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address (include ZIP): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address (include ZIP): \_\_\_\_\_

(For office use only)		
Received by:	Date:	Receipt Number: