

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: Robert Noyes

Printed Name: Robert Noyes Date: 3/21/24

Address (include ZIP): 430 Turtle Bay Ct S.E. Salem Or. 97306

Authorized Signature: Maria C. Noyes

Printed Name: Maria C. Noyes Date: 3-21-24

Address (include ZIP): 430 Turtle Bay Ct. SE, Salem OR 97306

Authorized Signature: _____

Printed Name: _____ Date: _____

Address (include ZIP): _____

(For office use only)

Received by:	Date:	Receipt Number: