

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: *Brock R Coleman*

Printed Name: Brock R Coleman Date: 3-10-25

Address (include ZIP): 15672 SW 149<sup>th</sup> PL Tigard OR 97224

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: