

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

--

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

Authorized Signature: *[Signature]*

Printed Name: Joseph Mitchell Date: 8/21/25

Address (include ZIP): 817 meadows Ln se Jefferson Or 97352

Authorized Signature: *[Signature]*

Printed Name: Lydia Mitchell Date: 8/22/25

Address (include ZIP): 817 meadows Ln se Jefferson Or 97352

Authorized Signature: _____

Printed Name: _____ Date: _____

Address (include ZIP): _____

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