

GOVERNMENT CAMP SANITARY DISTRICT

PO Box 25, Government Camp, OR 97028

Phone: (503) 964-7141 Fax: (503) 272-0221

E-mail: govtcampsanitary@gmail.com

PROPERTY OWNER SURVEY FORM

Date: _____

Account # _____

Owners Name: _____

Mailing Address: _____ Phone Number: _____

Property Address: _____ Email Address: _____

PLEASE COMPLETE ALL INFORMATION BELOW

Is your structure a: Single Family Dwelling ___ Duplex ___ Triplex ___ 4-Plex ___ Condo ___ Apartment ___

Other: _____ Square Footage: _____

Is your structure part of a business? Yes or No If Yes, business Name: _____

If Yes - type of business: _____

No. of Bed-Rooms: _____ No. of Beds: _____ No. of Kitchens: _____ No. of Showers: _____

No. of Bathtubs: _____ No. of Sinks: _____ No. of Toilets: _____ No. of Urinals: _____

No. of Garbage Disposals: _____ No. of Dishwashers: _____ No. of Washing Machines: _____

No. of Grease Traps: _____ No. of Pools: _____ No. of Hot tubs: _____

Is this structure rented at any time? Yes or No What is the maximum number of individuals you can house at any one time? _____

If Yes - is this structure rented: Nightly, (less than 30 days), or Monthly? (Leased for 30 days or more) (please circle)

If Yes - is the structure rented as: Vacation Lodging, Camps, Retreats, Monthly rental? (please circle)

Complete this section if you have an attached dwelling

Is this structure part of a business? Yes or No

Type of Structure: Single Family Dwelling ___ Duplex ___; Triplex ___; 4 -Plex ___; Condo ___; Apartment ___

Square Footage: _____ No. of Bed-Rooms : _____ No. of Beds: _____ No. of Kitchens: _____ No. of Showers: _____

No. of Bathtubs: _____ No. of Sinks: _____ No. of Toilets: _____ No. of Urinals: _____ No. of Garbage Disposals: _____

No. of Dishwashers: _____ No. of Washing Machines _____ No. of Grease Traps: _____

No. of Pools _____ No. of Hot tubs _____

Is this structure rented at any time? Yes or No What is the maximum number of individuals you can house at any one time? _____

If Yes - Is this structure rented: Nightly, (less than 30 days), or Monthly? (Leased for 30 days or more) (please circle)

If Yes - is the structure rented as: Vacation Lodging, Camps, Retreats, Seminars? (please circle)

Date Submitted: _____

Signature of Property Owner: _____

This form must be completed and returned within 30 days from the date above. If you do not respond to this request, the Government Camp Sanitary District will assume certain information relating to your property and your Sewer Use Fees and/or System Development Charges will be adjusted accordingly. Additionally, if you provide incorrect information, you may be liable for additional System Development and Sewer Use Fees.

Chair Signature _____

Date Survey form Received: _____

BASE RATE _____

of SDC fees to bill _____

of SDC fees paid/Grandfathered _____