

Department of Land Conservation and Development

635 Capitol Street NE, Suite 150 Salem, Oregon 97301-2540

> Phone: 503-373-0050 Fax: 503-378-5518

www.oregon.gov/LCD

Soils Assessment Release Form



Soils Professional Information			
Soils professional*:	_	Certification number:	
Date of submittal of soils assessmen	t to department:		
Property Information Person who requested soils assessment	ent:		
Mailing address:			
		Telephone number:	
Property owner (if different): Property address (if different):			
County:			
Tax lot(s):			
Comprehensive Plan designation:		Zone:	
Proposed land use action:			
If you would like the soils assessment planning department for its consider send it to Hilary Foote at the above at the I hereby request that the Department	ation in a land use pro address, or email to: hi	ceeding, please silary.foote@state n and Developme	ign this form and .or.us.
assessment submitted to the departm		0	
property to the			
department notifications of deficience assessments applying to this propert		•	
notifications of deficiencies in such s government.			-
Person who	requested soils assess	ment	Date
	y owner (if different)		Date