



# WASTEWATER LAGOON PERMIT

## Visitor Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Vehicle Information:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate#: \_\_\_\_\_

State registered in if not Oregon: \_\_\_\_\_

By signing this permit request, I agree, and all parties with me, to hold the City of Philomath **HARMLESS** of any and all liability known or unknown. I also agree that I, and all parties with me, will not be on the premises between sunset and sunrise or during police department training exercises. Please be aware that there is a chemical building and lab on the premises. If the building alarm should sound, please vacate the lagoon property immediately. Follow all the rules posted at the entrance to the lagoon. NO DOGS ALLOWED.

\*Signature: \_\_\_\_\_

\*By typing your name on the signature line above, you agree it is the equivalent of a manual or electronic signature.

Permit #: \_\_\_\_\_

Issued By: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_