



City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

Request for 500' Property Owner Notification

Submit the completed form to the staff planner you are working with.
Request forms are valid for three (3) months after the date processed.

Staff planner you are working with: _____

Project name: _____

Company name: _____

Contact person: _____

Phone: _____ Email: _____

For **EACH** project parcel, list the map and tax lot number (12 alphanumeric characters, i.e. 1S134AB00100):

REQUEST FOR (only check one):

Includes property owners within 500 feet and citywide interested parties

NEIGHBORHOOD MEETING LABELS

NOTIFICATION – ENVELOPES

Land use case number:

Type II – TWO sets of envelopes

Type III or Legislative – one set of envelopes

| FOR STAFF USE ONLY | | | |
|--------------------|-------------|---|---------|
| # of sheets | @ \$2.50/ea | | \$ |
| Generate list | — | — | \$11.00 |
| TOTAL: | | | \$ |

| FOR STAFF USE ONLY | | | |
|--------------------|-------------|------|---------|
| Recipients: | @ \$0.25/ea | sets | \$ |
| Generate list: | — | — | \$11.00 |
| SUBTOTAL: | | | \$ |
| Postage: | @ \$0.50/ea | sets | \$ |
| TOTAL: | | | \$ |