



Planning Division  
City of Bend  
(541) 388-5580  
planning@bendoregon.gov  
710 NW Wall Street, Bend OR 97703

This submittal form is to be completed as part of your application with the City of Bend. *Download this form before completing fillable fields*, then upload with your application through the Online Permit Center at [www.bendoregon.gov/permitcenter](http://www.bendoregon.gov/permitcenter).

## AUTHORIZATION FORM

To the best of my knowledge, all statements and information contained in this application and attached exhibits are true and correct. I authorize City of Bend staff and/or Hearings Body to enter the property for inspection of the site in conjunction with this land use application. This authorization is valid until terminated in writing.

I/We hereby authorize \_\_\_\_\_ to act on my/our behalf with the  
Applicant's Name

City of Bend, for any permit activity related to \_\_\_\_\_  
Address and/or Map and Tax Lot #

_____	_____	_____
Property Owner Name (PRINT)	Signature	Date

_____	_____	_____
Property Owner Name (PRINT)	Signature	Date

If property owner is a corporation, partnership, LLC, or trust provide documentation of signing authority.

_____	_____	_____
Corp, partnership, LLC or trust (PRINT)	Signature	Date

Property Owner mailing address: \_\_\_\_\_

Property Owner email: \_\_\_\_\_

Property Owner phone number: \_\_\_\_\_



### Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Planning Division at [planning@bendoregon.gov](mailto:planning@bendoregon.gov) or (541) 388-5580; Relay Users Dial 7-1-1.

**This section only applies for Short Term Rental (STR) Applications. All others may leave blank.**

By signing this document, I acknowledge that I have read all the regulations relating to the operation of a Short Term Rental under Bend Code Chapter 7.16.

By signing this document, I am registering with the City of Bend Finance Department to collect and remit room tax in accordance with City of Bend Code Section 12.05.

By signing this document, I verify that I have read any applicable private Conditions, Covenants and Restrictions (CC&Rs) that may limit Short Term Rentals on the subject property.

Property Owner Name (PRINT)	Signature	Date
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Property Owner Name (PRINT)	Signature	Date
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If property owner is a corporation, partnership or LLC, provide documentation of signing authority.

Corp, partnership or LLC signatory (PRINT)	Signature	Date
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