



19604 Buck Canyon Rd., Bend, OR 97702
Phone: 541-382-7664 Fax: 541-382-0833

FIELD INSPECTION APPLICATION

**** NOTE: Please allow 2 weeks for the inspection to be completed and a response prepared.**

Name: _____

Address of Property to be Inspected: _____

Phone Number (s): _____

Purpose of Inspection: _____

Location and legal description (township, range, section, 1/4, 1/4, and tax lot#) of property :

(1) I am the owner or have been granted authority by the owner (include authorization letter) of this land to have this inspection conducted by Arnold Irrigation District. (2) I understand that the District will charge a non-refundable fee of \$100 for services. I am including the full amount of the inspection fee with this application. (3) In addition, I agree to hold Arnold Irrigation District, its board members, employees and agents harmless from any claims or causes of action as a result of any work done by myself or hired person or company. (4) Upon signature of this application, I agree to all terms and conditions of Arnold Irrigation District. Any work to be done by myself or hired person or company, if not complete, to Arnold Irrigation District specifications, listed or not listed below, will be completed by Arnold Irrigation District and any related fees will be placed as a lien against the property until paid for by myself.

Signature

Date

Signature

Date

The following item(s), requirement(s), recommendation(s) is/are required by the Inspector:

- * All fees must be paid in full before approval from this office is given and before any work can begin.
- * Inspections by Arnold Irrigation District are required during the course of the work being done.

Inspector

Date

**** This inspection is null and void after 90 days. A new inspection and another fee will be required after the 90 day period.**