

WASHINGTON STATE Joint Aquatic Resources Permit Application (JARPA) [help]

Attachment A: For additional property owner(s) help

AGENCY USE ONLY
Date received:
Agency reference #:
Tax Parcel #(s):
TO BE COMPLETED BY APPLICANT [help]
Project Name: Rocky Coulee Tent Camp

Use this attachment <u>only</u> if you have more than one property owner. Complete <u>one</u> attachment for <u>each</u> additional property owner impacted by the project.

Signatures of property owners are not needed for repair or maintenance activities on existing rights-of-way or easements.

Use black or blue ink to ente	r answers in white space	s below.	
1. Name (Last, First, Mid	ldle) and Organizatio	1 (if applicable)	
Washington State Parks			
2. Mailing Address (St	reet or PO Box)		
P.O. Box 42650			
3. City, State, Zip			
Olympia, WA 98504-265	0		
4. Phone (1)	5. Phone (2)	6. Fax	7. E-mail
(360)902-8683	()	()	Steve.hahn@parks.wa.gov
Address or tax parcel r	number of property y	ou own:	
Parcel #860933			
Signature of Property (Owner		
	pections shall occur		the project is located to inspect the project site and, if practical, with prior notice to the
Printed Name Signature			

If you require this document in another format, contact the Governor's Office of Regulatory Assistance (ORA) at (800) 917-0043. People with hearing loss can call 711 for Washington Relay Service. People with a speech disability can call (877) 833-6341. ORA publication number: ENV-020-09 rev. 06-12