



# EMERGENCY ENTRY

19

NAME(S): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Name of person entering unit or if left blank, Owner/Agent entered: \_\_\_\_\_

Due to an emergency, the premises has been entered on the above date and time to:

This notice has been left at the premises in accordance with ORS 90. If you find anything disturbed, please notify in writing immediately.

Owner/Agent  
 Telephone: \_\_\_\_\_

 **Equal Housing Opportunity**  
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