



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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