



**Health Department  
Environmental Health Section  
Vector and Nuisance Control**

5235 N. Columbia Blvd.  
Portland, OR 97203

<http://www.mchealth.org/vector>

**Office Hours**  
Monday through Friday  
8:00AM to 4:30PM

**Phone:** (503) 988-3464  
**Fax:** (503) 988-5813




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**MULTNOMAH COUNTY OREGON**

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**PETITION FORM**

**Address of facility:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The names and signatures below indicates permission for the existence of bee colonies and or pigeon facilities within 200' of these neighboring properties. (Portland Municipal Code Title 13.05.010). The petitioner has provided adequate explanation to these neighbors to their satisfaction.

<u>ADDRESS</u>	<u>NAME</u>	<u>SIGNATURE</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____

Use additional blank sheets if more space is necessary.