



**HOOD RIVER COUNTY  
COMMUNITY DEVELOPMENT**

601 STATE STREET  
HOOD RIVER, OR 97031-2093  
PHONE 541-387-6840 FAX 541-387-6873  
Email: plan.dept@co.hood-river.or.us

**MINOR AMENDMENT REQUEST**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone/Email: \_\_\_\_\_

File # \_\_\_\_\_ Type of Land Use Action: \_\_\_\_\_

Amendment Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for the Amendment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Owner(s)/Applicant(s) \_\_\_\_\_  
\_\_\_\_\_

Fee: \_\_\_\_\_ Collected By: \_\_\_\_\_ Date Received: \_\_\_\_\_