



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY APPLICANT

Property Description

Please list all contiguous tax lots under the same ownership that subject to the claim

Legal Description:

0	9
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0	9
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3	3
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0	0
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0	0	6	0	1
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T R Section Sub-Section Tax Lot

Date Acquired 4/17/78 Current Zoning A-C Zoning on Date Acquired A-2

Legal Description:

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T R Section Sub-Section Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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T R Section Sub-Section Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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T R Section Sub-Section Tax Lot

Have you filed any previous claims for compensation for this property with Lincoln County or the State of Oregon?

If yes, please describe the claim filed and status and/or disposition of the claim. Yes No

Signature of Owner(s) or authorized Agent:

All owners with an interest in the subject property or their duly authorized agent must sign
 By signing below, I am certifying that the information contained in and attached to this form is accurate and complete.

 Claimant Owner's Signature (Required)

 Print Name

 Date

 Other Owner(s) / Agent Signature

 Print Name

 Date