

**Lincoln County Department of Planning & Development**  
 210 SW 2nd Street, Newport, OR 97365  
 Phone (541) 265-4192 Fax (541) 265-6945

**LAND USE REGULATION COMPENSATION CLAIM**

**TO BE COMPLETED BY STAFF**

Date Received: 9-19-05 Case File Number: 26-LURCC-05-1107 Staff Initials: \_\_\_\_\_  
 Fee: \_\_\_\_\_ Current Zoning: TC Comp. Plan: \_\_\_\_\_ Prev. Action: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_ Violation: \_\_\_\_\_ Assigned Staff Member: \_\_\_\_\_

**TO BE COMPLETED BY CLAIMANT / OTHER OWNER(S) / AGENT**

**Claimant Property Owners**  
 Claimant Property Owners: Rice Otto Daniel & Mary Lou Last First Middle  
 Mailing Address: 2610 DE Sturdevant Place  
 City: Toledo State: OR Zip: 97391  
 Phone Number: (541) 336-8834

**Other Property Owners**

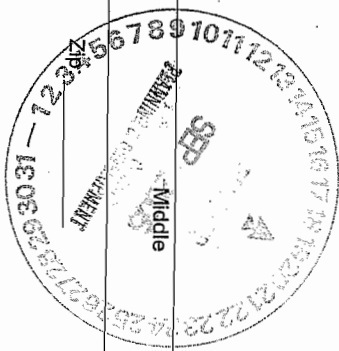
Please list all owners other than claimants with an interest in the property.

~~Other Property Owner: \_\_\_\_\_ Last First Middle  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone Number: ( ) - -~~

~~Other Property Owner: \_\_\_\_\_ Last First Middle  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone Number: ( ) - -~~

~~Other Property Owner: \_\_\_\_\_ Last First Middle  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Phone Number: ( ) - -~~

**Agent**  
 Name of Agent: \_\_\_\_\_ Last First Middle  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: ( ) - -





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**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:  1  1  0  0  4  0  0  0  1  1  0  0

Date Acquired 4-19-01 Current Zoning R Section 04 Sub-Section 00 Tax Lot 01100  
 Date Acquired 7/0 Zoning on Date Acquired None

Legal Description:  T  R  Section  Sub-Section  Tax Lot

Date Acquired \_\_\_\_\_ Current Zoning \_\_\_\_\_ Zoning on Date Acquired \_\_\_\_\_

Legal Description:  T  R  Section  Sub-Section  Tax Lot

Date Acquired \_\_\_\_\_ Current Zoning \_\_\_\_\_ Zoning on Date Acquired \_\_\_\_\_

Legal Description:  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?  Yes  No

If yes, please describe the claim filed and status and/or disposition of the claim.  
Mailed the requested form for Measure 37

**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.

*[Signature]*  
 Claimant Owner's Signature (Required)  
Otto D. Rieck  
 Print Name  
9-15-05  
 Date

*[Signature]*  
 Other Owner(s) Agent Signature  
Marylou Rieck  
 Print Name  
9-15-05  
 Date