



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	4
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0	9
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0	0
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0	0
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0	0	6	0	2
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T R Section Sub-Section Tax Lot

Date Acquired 7/1/1972 Current Zoning TC, AC40 Zoning on Date Acquired none

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? Yes No

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

Simultaneously filing State of Oregon Measure 37 Claim

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.

Gerald Smallwood

Claimant Owner's Signature (Required)

Gerald Smallwood

Print Name

Date

Larry C. Hamilton

Other Owner(s) / Agent Signature

Larry C. Hamilton

Print Name

7-20-06

Date