



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY STAFF

Date Received: 12-7-66 Case File Number: 101 LURCC 06-1327 Staff Initials: RECEIVED
 Fee: _____ Current Zoning: _____ Comp. Plan: _____ Prev. Action: DEC 2006
 Receipt #: _____ Violation: _____ Assigned Staff Member: _____



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

Claimant Property Owners

Claimant Property Owners: Thill Donald M.
 Last First Middle
 Mailing Address: P.O. Box 321
 City: Toledo State: OR Zip: 97391
 Phone Number: (541) 270 - 2159

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: _____ Zip: _____
 Phone Number: () -

Other Property Owner: _____
 Last First Middle
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () -

Other Property Owner: _____
 Last First Middle
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () -

Agent

Name of Agent: Hamilton Gary C.
 Last First Middle
 Mailing Address: P.O. Box 1730; 407 N. Coast Hwy
 City: Newport State: OR Zip: 97365
 Phone Number: (541) 265 - 8670



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	1	0	3	6	0	0	0	0	1	0	0
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 T R Section Sub-Section Tax Lot
 Date Acquired 8/15/1988 Current Zoning TC Zoning on Date Acquired TC

Legal Description:

1	1	1	0	3	6	0	0	0	0	3	0	0
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 T R Section Sub-Section Tax Lot
 Date Acquired 8/15/1988 Current Zoning TC Zoning on Date Acquired TC

Legal Description:

1	1	1	0	3	6	0	0	0	0	6	0	0
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 T R Section Sub-Section Tax Lot
 Date Acquired 8/15/1988 Current Zoning TC Zoning on Date Acquired TC

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.

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.

_____	
Claimant Owner's Signature (Required)	Other Owner(s) / Agent Signature
_____	Gary C. Hamilton
Print Name	Print Name
_____	<u>12-1-2006</u>
Date	Date