



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	0
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0	8
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1	6
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0	2
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0	0	9	0	0
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Date Acquired 19 Sept 85 Current Zoning TC Zoning on Date Acquired TC

*family acquired property
26 June 1984
with no zoning*

Legal Description:

1	0
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0	8
---	---

1	6
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0	0
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0	1	0	0	0
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Date Acquired 19 Sept 85 Current Zoning TC Zoning on Date Acquired TC

Legal Description:

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Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

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.
concurrent filing with State of Oregon

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.

Elton Wischnofsky
 Claimant Owner's Signature (Required)
Elton Wischnofsky
 Print Name
28 Sept 06
 Date

 Other Owner(s) / Agent Signature

 Print Name

 Date