





**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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1	2
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0	2
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A	D
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0	0	1	0	2
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T                      R                      Section                      Sub-Section                      Tax Lot

Date Acquired 1/22/90 Current Zoning RR-2 Zoning on Date Acquired RR-1-2

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?  Yes  No

If yes, please describe the claim filed and status and/or disposition of the claim.

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**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.

*Michael Rowley*  
 Claimant Owner's Signature (Required)  
MICHAEL ROWLEY  
 Print Name  
12/4/06  
 Date

*Wesley T. Chadwick*  
 Other Owner(s) / Agent Signature  
Wesley T. Chadwick  
 Print Name  
12/4/06  
 Date