



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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1	0
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3	3
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0	0
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0	0	1	0	0
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Date Acquired 6/29/1953 T R Section Sub-Section Tax Lot
 Current Zoning TC Zoning on Date Acquired None

Legal Description:

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Date Acquired _____ T R Section Sub-Section Tax Lot
 Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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Date Acquired _____ T R Section Sub-Section Tax Lot
 Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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Date Acquired _____ 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

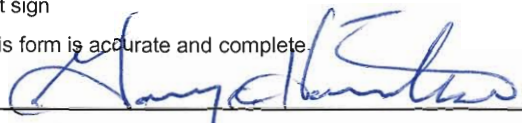
Simultaneously filing State of Oregon Measure 37 Claim

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.

 Claimant Owner's Signature (Required)



 Gary C. Hamilton Other Owner(s) / Agent Signature

 Print Name

 Print Name

 Date

 Date