



61

LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY STAFF

Date Received: _____ Case File Number: 65-LUCC-06-1284 Staff Initials: _____
 Fee: _____ Current Zoning: _____ Comp. Plan: _____ Prev. Action: _____
 Receipt #: _____ Violation: _____ Assigned Staff Member: _____

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

Claimant Property Owners
 Claimant Property Owners: Plum Creek Timberlands, L.P. c/o Kathleen Sims
 Last First Middle
 Mailing Address: Attention: Legal Department, 999 Third Avenue, Suite 4300
 City: Seattle State: Washington Zip: 98104
 Phone Number: (206) 467 - 3600



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



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY APPLICANT

Property Description

See Attachment A

Please list all contiguous tax lots under the same ownership that subject to the claim

Legal Description:

T R Section Sub-Section Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

T R Section Sub-Section Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

T R Section Sub-Section Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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. _____

A similar claim is being filed concurrently with the 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.

Plum Creek Timberlands, L.P.
 By: Plum Creek Timber I, LLC
 Its: General Partner

 Other Owner(s) / Agent Signature

By:
 Thomas M. Lindquist
 Its: Executive Vice President

 Print Name

Print Name
 Claimant Owner's Signature (Required)
 November 29, 2006

 Date

 Date

**ATTACHMENT A
PROPERTY INFORMATION**

Property Number	Township	Range	Section	Tax Lot	Current Zoning	Previous Zoning
R285153	10	10	03	100	T-C	NONE
R304000	10	10	03	800	T-C	NONE

Assessor's Maps follow: