





## 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: 

0	9
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1	0
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2	1
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0	0
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0	0	1	0	0
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Date Acquired 12/30/1976 <sup>T</sup> Current Zoning AC <sup>R</sup> Section AC Zoning on Date Acquired A-1 <sup>Sub-Section</sup> Tax Lot

Legal Description: 

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Date Acquired \_\_\_\_\_ <sup>T</sup> Current Zoning \_\_\_\_\_ <sup>R</sup> Section \_\_\_\_\_ Zoning on Date Acquired \_\_\_\_\_ <sup>Sub-Section</sup> Tax Lot

Legal Description: 

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Date Acquired \_\_\_\_\_ <sup>T</sup> Current Zoning \_\_\_\_\_ <sup>R</sup> Section \_\_\_\_\_ Zoning on Date Acquired \_\_\_\_\_ <sup>Sub-Section</sup> Tax Lot

Legal Description: 

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Date Acquired \_\_\_\_\_ <sup>T</sup> Current Zoning \_\_\_\_\_ <sup>R</sup> Section \_\_\_\_\_ Zoning on Date Acquired \_\_\_\_\_ <sup>Sub-Section</sup> 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

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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.

\_\_\_\_\_  
 Claimant Owner's Signature (Required)

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

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

11/30/2006  
 \_\_\_\_\_  
 Date