



M37 Claim Form

Department of Administrative Services

Risk Management - State Services Division

1225 Ferry St. SE U160, Salem, Oregon 97301-4292

Web Site: <http://www.oregon.gov/DAS/Risk/M37.shtml> Phone: 503-373-7475

INSTRUCTIONS FOR SUBMITTING A CLAIM

This form requests specific information that is required of a claimant by OAR 125.145.0010-.0120. A Claimant must fully complete each box of the claim form and provide all information and evidence to support the claim. In lieu of completing each box or section on this form, a Claimant may attach supplemental documents to provide the requested information. Attached documents shall not be used to complete section 1 and 2, or any section which requires a signature.

- Claims may only be submitted by an Owner or an Authorized Agent of the Owner.
- Claims may only be submitted; in person; by private carrier; by U.S. Postal Service Certified or by Registered Mail to:
Risk Management-State Services Division, 1225 Ferry St. SE, U160, Salem OR 97301- 4292
- Only Original Signed Claims will be accepted, claims submitted electronically or by facsimile, will **not** be accepted.
- Attach *separate sheet of paper* as needed, with reference to the appropriate **Section number on this form**.
- Claim criteria/requirements may be found in Oregon Administrative Rules 125.145.0010 – 0120

Section 1 NAME AND CONTACT INFORMATION OF CLAIMANT/PROPERTY OWNER

Enter the name and contact information of the PRIMARY property owner who is submitting the claim.

Name of Claimant:	Day Time Phone #:	
Address:		
City:	State:	Zip:

Section 2 NAME AND CONTACT INFORMATION OF PERSON SUBMITTING CLAIM (AGENT)

Enter the name and contact information of the person who is sending the claim for the property owner if different than the name in Section 1 above.

Name of Agent:	Day Time Phone #:	
Address:		
City:	State:	Zip:

Must attach a written notarized statement signed by the owner(s) or a Power of Attorney properly authorizing submittal of this claim.

Attachment: Yes No

Section 3 NAMES AND CONTACT INFORMATION OF OTHERS WITH INTEREST IN THIS PROPERTY

Enter the name and contact information of every person or entity who has an interest in the property. This includes but is not limited to:

- (a) Every lessee and lessor of the Property;
- (b) Every person or entity holding a lien against, or a security interest in, the Property;
- (c) Every person or entity holding a future, contingent, or other interest of any kind in the Property.

This could be other owners, banks, mortgage companies, state or federal agencies or entities, programs specific to the use of the property and any and all others with any interest in the property. Some examples could be; a USDA program providing funds for an owner not to grow a particular crop on the land, banks with second third or other mortgage interest. If using an attachment, the attachment must be submitted in such a format as to easily distinguish the various owners and interest in the property.

Name:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Describe Interest in Property:		

Name:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Describe Interest in Property:		

Name:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Describe Interest in Property:		

Name:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Describe Interest in Property:		

Name:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Describe Interest in Property:		

Section 4 PROPERTY FROM WHICH THE CLAIM DERIVES

Enter the location of the property, all contiguous property, upon which the claim is based. This description is by street address, legal description, and other descriptors which allow a concise description of the property allowing its location, size, and other physical attributes to be ascertained. *Attachment if Applicable*

Street Address: <i>if applicable</i>		City:	
County:		State:	Zip:
Tax Lot #:		County Tax Assessor's Map Reference # & Date:	
Township:			
Range:		Section:	
Other Legal Description Information:			

Section 5 EVIDENCE OF OWNERSHIP

Include evidence or information describing the length and extent of ownership of the property, any encroachments, easements, Covenants Conditions and Restrictions, and federal, state and local restrictions on the Property, including all applicable zoning, comprehensive plan and other land use and development regulations. Examples may include; an owner who lives and works on the property, but does not own the mineral rights or a property owner who has easements for neighbors to use roads and the local power company to traverse the property with power or other cables.

The following is attached as proof of ownership: (list all attachments)	
Date of Acquisition of Property:	
Nature & Scope of Ownership of Property: <i>Attachment if Applicable</i> <input type="checkbox"/>	
All Encroachments, Easements, etc. (see OAR 125-145-0040 (8) for further information) <i>Attachment if Applicable</i> <input type="checkbox"/>	

Section 6 INTENDED USE OF PROPERTY

What is the intended use of the property that is currently prohibited by state regulations? _____

Section 7 NATURE AND MANNER OF RESTRICTION

List each Land Use Regulation on which the Claim is based and include evidence or information that demonstrates the manner in which each cited Land Use Regulation restricts the use of the Property compared with how the owner was permitted to use the Property under Land Use Regulations in effect at the time the owner acquired the Property.

<p>Law or Rule:</p> <p><i>Attachment if Applicable</i> <input type="checkbox"/></p>	<p>Describe how this Land Use Law or Rule restricts the use of this property:</p>
<p>Law or Rule:</p> <p><i>Attachment if Applicable</i> <input type="checkbox"/></p>	<p>Describe how this Land Use Law or Rule restricts the use of this property:</p>
<p>Law or Rule:</p> <p><i>Attachment if Applicable</i> <input type="checkbox"/></p>	<p>Describe how this Land Use Law or Rule restricts the use of this property:</p>
<p>Law or Rule:</p> <p><i>Attachment if Applicable</i> <input type="checkbox"/></p>	<p>Describe how this Land Use Law or Rule restricts the use of this property:</p>
<p>Law or Rule:</p> <p>Attachment if Applicable <input type="checkbox"/></p>	<p>Describe how this Land Use Law or Rule restricts the use of this property:</p>

Section 8 DATE ON WHICH EACH CITED LAND USE REGULATION BEGAN TO APPLY TO SUBJECT PROPERTY

List each Land Use Regulation on which the Claim is based and include evidence or information that demonstrates the date on which each cited Land Use Regulation began to apply to the Property.

<p>Law or Rule:</p> <p><i>Attachment if Applicable</i> <input type="checkbox"/></p>	<p>Date of Effect:</p>
<p>Law or Rule:</p> <p><i>Attachment if Applicable</i> <input type="checkbox"/></p>	<p>Date of Effect:</p>
<p>Law or Rule:</p> <p><i>Attachment if Applicable</i> <input type="checkbox"/></p>	<p>Date of Effect:</p>
<p>Law or Rule:</p> <p><i>Attachment if Applicable</i> <input type="checkbox"/></p>	<p>Date of Effect:</p>
<p>Law or Rule:</p> <p>Attachment if Applicable <input type="checkbox"/></p>	<p>Date of Effect:</p>

Section 9 AMOUNT OF PROPERTY VALUE REDUCTION

Enter the amount of Fair Market Value reduction to the Property caused by each cited Land Use Regulation. (Refer to Sections 6 & 7 above). Attach evidence or provide information to support the basis and rationale for the reduction in Fair Market Value.

Fair Market Value Reduction Amount \$:	Law or Rule	Basis of Evaluation:
Fair Market Value Reduction Amount \$:	Law or Rule	Basis of Evaluation:
Fair Market Value Reduction Amount \$:	Law or Rule	Basis of Evaluation:
Fair Market Value Reduction Amount \$:	Law or Rule	Basis of Evaluation:
Fair Market Value Reduction Amount \$:	Law or Rule	Basis of Evaluation:

Section 10 AUTHORITY TO ENTER PROPERTY

This section of the form authorizes the Department, the Regulating Entity and their officers, employees, agents, and contractors to enter the Property as necessary to verify information, appraise the property, or conduct other business related to this claim. Each person that can restrict access to the property must sign in the appropriate box in this section.

<p>I/We Affix Our Signature(s) to this Form Granting Access to the Subject Property in ANY Manner or Form Deemed Appropriate by State Agency or Agencies for the Review of the Property in Furtherance of the Processing or Handling of this Claim: SIGNATURES OF ALL OWNERS WITH AUTHORITY TO RESTRICT ACCESS</p>	
Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	

Section 11 ATTACHMENTS

Check the appropriate box for all documents, evidence and supporting information that is attached and included as a part of this claim.

Title Report: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appraisal(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	Covenants, Conditions & Restrictions: Yes <input type="checkbox"/> No <input type="checkbox"/>
Affidavits: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Map(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Deferrals: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Reductions: Yes <input type="checkbox"/> No <input type="checkbox"/>
Participating Federal Programs: Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Other Information:(Explain)	
<input type="checkbox"/> Other Information:(Explain)		<input type="checkbox"/> Other Information:(Explain)	

Section 12 OTHER CLAIMS FILED

List all other governmental entities you or someone on your behalf has submitted claims to regarding the Property involved in this claim. List all claims submitted to the state or other entities relating to this property or any portion thereof on anyone's behalf. You must list all entities even if you only submitted a claim to them for a portion of the Property that is the subject of this claim.

Have you submitted a claim to another governmental entity regarding the property listed in this claim? No <input type="checkbox"/>	
Yes <input type="checkbox"/> Date:	To Whom:
Yes <input type="checkbox"/> Date:	To Whom:
Yes <input type="checkbox"/> Date:	To Whom:
Yes <input type="checkbox"/> Date:	To Whom:

ADDITIONAL INFORMATION THAT MAY BE SUBMITTED IN SUPPORT OF THIS CLAIM

<p>1. A report by a certified appraiser that addresses the Reduction in Fair Market Value of the Property resulting from the enactment or enforcement of the cited Land Use Regulation(s) as of the date the Claim was filed;</p> <p>2. A statement of the effect of the cited Land Use Regulation(s) on any Owner's tax status, including without limitation any tax deferrals or tax reductions related to the cited Land Use Regulation(s);</p> <p>3. Citation to each Land Use Regulation(s) in effect at the time the owner acquired the property explaining how the use that is now not permitted by the Land Use Regulation(s) set forth in Oregon Administrative Rules (OAR) 125-145-0040(9) was permitted at the time the owner acquired the property;</p> <p>4. Names and addresses of Owners of all real property located within 100 feet of the Property if the Property is located in whole or in part in an urban growth boundary, 250 feet of the Property if the Property is located outside and urban growth boundary and not within a farm or forest zone and 750 feet of the Property if the Property is located in a farm or forest zone.</p>

I ATTEST THAT I HAVE FILLED OUT THIS FORM COMPLETELY AND THIS CLAIM IS TRUE AND CORRECT. (*Signatures of all parties preparing this form.*)

_____/_____/_____
Signature Date

_____/_____/_____
Signature Date

_____/_____/_____
Signature Date

_____/_____/_____
Signature Date

_____/_____/_____
Signature Date

_____/_____/_____
Signature Date

State of Oregon

County of _____

Signed and sworn to before me on _____, 200__ by _____
(month - day - year)

▼ ▼ ▼ Notary Seal ▼ ▼ ▼

(Notary Public – State of Oregon)

My commission expires: _____