



Department of Land
 Conservation and Development
 635 Capitol Street NE, Suite 150
 Salem, Oregon 97301-2540
 (503) 373-0050
www.oregon.gov/LCD

Measure 49 Claim

DLCD USE ONLY

Received:

Mail completed form and required attachments to:

New Measure 49 Claims
 Department of Land Conservation and Development
 635 Capitol Street NE Suite 150
 Salem OR 97301-2540

I. NAME AND CONTACT INFORMATION OF ALL CLAIMANTS

(List each claimant separately. Attach additional sheets if more than six claimants.)

1	Claimant Name (individual, business entity, or trustee of trust)	Name of Representative of Business Entity or Name of Trust	
	Mailing Address		
	City	State	Zip
	Telephone Number		
2	Claimant Name (individual, business entity, or trustee of trust)	Name of Representative of Business Entity or Name of Trust	
	Mailing Address		
	City	State	Zip
	Telephone Number		
3	Claimant Name (individual, business entity, or trustee of trust)	Name of Representative of Business Entity or Name of Trust	
	Mailing Address		
	City	State	Zip
	Telephone Number		
4	Claimant Name (individual, business entity, or trustee of trust)	Name of Representative of Business Entity or Name of Trust	
	Mailing Address		
	City	State	Zip
	Telephone Number		

5	Claimant Name (individual, business entity, or trustee of trust)	Name of Representative of Business Entity or Name of Trust	
	Mailing Address		
	City	State	Zip
	Telephone Number		
6	Claimant Name (individual, business entity, or trustee of trust)	Name of Representative of Business Entity or Name of Trust	
	Mailing Address		
	City	State	Zip
	Telephone Number		
II. NAME AND CONTACT INFORMATION OF ALL NON-CLAIMANT OWNERS (Attach additional sheets if necessary.)			
1	Non-Claimant Owner Name (individual, business entity, or trustee of trust)	Name of Representative of Business Entity or Name of Trust	
	Mailing Address		
	City	State	Zip
	Telephone Number		
2	Non-Claimant Owner Name (individual, business entity, or trustee of trust)	Name of Representative of Business Entity or Name of Trust	
	Mailing Address		
	City	State	Zip
	Telephone Number		
3	Non-Claimant Owner Name (individual, business entity, or trustee of trust)	Name of Representative of Business Entity or Name of Trust	
	Mailing Address		
	City	State	Zip
	Telephone Number		

4	Non-Claimant Owner Name (individual, business entity, or trustee of trust)		Name of Representative of Business Entity or Name of Trust	
	Mailing Address			
	City		State	Zip
	Telephone Number			

III. NAME AND CONTACT INFORMATION OF PRIMARY CONTACT/AGENT

Name		Business Name	
Mailing Address			
City		State	Zip
Telephone Number	Fax Number:	E-Mail Address	

**IV. IDENTIFICATION OF PROPERTY AND ACQUISITION
(List each tax lot separately and attach additional sheets if more then four tax lots. Attach title report and copy of county deed card(s).)**

1	Street Address (if any) or nearest intersection		City	County
	Township	Range	Section	Tax Lot
	Claimant 1: Date of Acquisition		Claimant 2: Date of Acquisition	
	Claimant 3: Date of Acquisition		Claimant 4: Date of Acquisition	
	Claimant 5: Date of Acquisition		Claimant 6: Date of Acquisition	

2	Street Address (if any) or nearest intersection		City	County
	Township	Range	Section	Tax Lot
	Claimant 1: Date of Acquisition		Claimant 2: Date of Acquisition	
	Claimant 3: Date of Acquisition		Claimant 4: Date of Acquisition	
	Claimant 5: Date of Acquisition		Claimant 6: Date of Acquisition	

3	Street Address (if any) or nearest intersection		City	County
	Township	Range	Section	Tax Lot
	Claimant 1: Date of Acquisition		Claimant 2: Date of Acquisition	
	Claimant 3: Date of Acquisition		Claimant 4: Date of Acquisition 6	
	Claimant 5: Date of Acquisition		Claimant 6: Date of Acquisition	

4	Street Address (if any) or nearest intersection		City	County
	Township	Range	Section	Tax Lot
	Claimant 1: Date of Acquisition		Claimant 2: Date of Acquisition	
	Claimant 3: Date of Acquisition		Claimant 4: Date of Acquisition	
	Claimant 5: Date of Acquisition		Claimant 6: Date of Acquisition	

**V. DESIRED USE THAT IS RESTRICTED BY STATE LAND USE REGULATION
(Describe the desired use of the property that has been restricted by state land use regulation(s) that is the basis of the claim.)**

**VI. STATE LAND USE REGULATION(S) THAT RESTRICT DESIRED USE
(List each regulation separately.)**

Regulation	Date of Enactment	Impact of Regulation on Desired Use

**VII. REDUCTION IN FAIR MARKET VALUE OF THE PROPERTY
(Attach appraisal.)**

Amount of Reduction in Fair Market Value as determined by appraisal: \$ _____.

VIII. SIGNATURE OF ALL CLAIMANTS OR THE AGENT

I/WE HEREBY DECLARE UNDER PENALTIES OF FALSE SWEARING (ORS 162.075 AND ORS 162.085) THAT THE ABOVE INFORMATION AND THE ALL OF THE STATEMENTS, DOCUMENTS AND ATTACHMENTS SUBMITTED WITH THIS CLAIM ARE TRUE AND CORRECT.

1	Print Name:	Signature:	Date:
2	Print Name:	Signature:	Date:
3	Print Name:	Signature:	Date:
4	Print Name:	Signature:	Date:
5	Print Name:	Signature:	Date:
6	Print Name:	Signature:	Date:
7	Print Name:	Signature:	Date:

Notarization

STATE OF _____

COUNTY OF _____

Signed or attested before me on _____, 20____, by _____.

Notary Public – State of _____

My commission expires: _____