



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

# Measure 49 Claim Non-Claimant Owner Consent

## I. OWNER CONSENT

Under Measure 49, all non-claimant owners of the property are required to consent to the filing of a claim, even if the owner does not wish to be a claimant or otherwise participate in the claim.

### A. NAME AND CONTACT INFORMATION OF NON-CLAIMANT OWNER SIGNING THIS FORM

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

### B. NAME OF CLAIMANT(S) FILING MEASURE 49 CLAIM (from Section I of claim form) – attach additional sheet if necessary.

1		2	
3		4	
5		6	

### II. REAL PROPERTY (as identified on claim form) – attach additional sheet if necessary.

1	Township	Range	Section	Tax Lot
2	Township	Range	Section	Tax Lot
3	Township	Range	Section	Tax Lot
4	Township	Range	Section	Tax Lot

### III. ACKNOWLEDGMENT OF CONSENT. I am an owner of the real property described above. I have reviewed the claim prepared by the above named claimant(s) relative to the real property identified above. I hereby consent to the filing of a claim for relief under Measure 49.

Print Name	Signature	Date
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### NOTARIZATION

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Notary Public – State of \_\_\_\_\_

My commission expires: \_\_\_\_\_