

MEASURE 37 CLAIM

CLACKAMAS COUNTY PLANNING DIVISION
9101 SE SUNNYBROOK BLVD., CLACKAMAS, OREGON 97015
PHONE (503) 353-4500 FAX (503) 353-4550 www.co.clackamas.or.us

FOR STAFF USE ONLY

FILE NUMBER: _____ DATE RECEIVED: _____

STAFF MEMBER: _____ CPO: _____

APPLICANT INFORMATION (PLEASE TYPE OR PRINT IN BLACK INK ONLY)

WHAT IS PROPOSED _____

LEGAL DESCRIPTION: T__ R__ SECTION _____ TAX LOT(S) _____

T__ R__ SECTION _____ TAX LOT(S) _____

(ADDITIONAL) _____

NAME OF CONTACT PERSON _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____; CELL PHONE _____

PROPERTY OWNER(S) (The name, address and telephone number of all owners, including their signatures, must be provided. In the event there are more than 3 property owners, please attach additional sheets. Please print clearly)

OWNER 1 _____

SIGNATURE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

OWNER 2 _____

SIGNATURE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

OWNER 3 _____

SIGNATURE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____