

# JOSEPHINE COUNTY, OREGON

## MEASURE 37 COMPENSATION CLAIM

### SUBMIT CLAIM TO:

Josephine County Planning Office  
510 NW 4th Street  
Grants Pass, Oregon 97526  
Office Hours: 8-12 & 1-3 (Mon, Tue, Thur  
& Fri) and 8-12 (Wed Only)

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Copy to Board: \_\_\_\_\_

Copy to Legal: \_\_\_\_\_

### GENERAL INFORMATION

*This form is designed to help landowners identify the minimum information needed to effectively process Measure 37 claims. Under the terms of Measure 37, governments are not required to pay compensation or waive regulations until the property owner fully documents all elements of the claim. The following claim form has been put together to help identify the needed documentation. Complete applications will be processed more quickly and obtain better results. Extensive instructions and other information about filing Measure 37 Claims can be viewed and downloaded from the Josephine County website: [http://www.co.josephine.or.us/planning/measure\\_37.htm](http://www.co.josephine.or.us/planning/measure_37.htm).*

### OWNER INFORMATION

All persons who have an ownership interest in the real property covered by this claim must sign this claim for compensation unless represented by an attorney. Owner signatures must be notarized (an extra copy of the authorization form can be found on page 4). If a land use consultant or other individual files the claim on behalf of the property owner(s), the consultant or other individual must possess a power of attorney authorizing the person to act as the representative for all property owner(s). If multiple owners are involved in this claim, and there is no representative, a single owner must be designated as the claimant for the purpose of communication, correspondence and notices pertaining to the claim.

CONTACT OWNER	REPRESENTATIVE
Name:	Name:
Mailing Address:	Mailing Address:
Daytime Phone:	Daytime Phone:
Email:	Email:

### **IMPORTANT NOTE**

**NOTE:** All owners must sign this claim or give a power of attorney to the contact owner or representative. A form for doing this is on page 4. This form can be copied when multiple signatures are required.

## PROPERTY DESCRIPTION

Property Address: \_\_\_\_\_

*List all lots or parcels under same ownership that are part this claim*

Township	Range	Section	Tax lot(s)	Date Acquired	Zone on Date

## CLAIM INFORMATION

**Date of Acquisition.** Please specify the date you acquired the property. Attach a copy of the document that transferred ownership to you. If acquisition is by deed or other recorded document, please make sure the recording information is included. Date: \_\_\_\_\_

**Zoning at Date of Acquisition.** Please specify the zoning at the time of acquisition by the present owner: \_\_\_\_\_

**Proposed Use or Uses.** Please include as much detail as possible explaining exactly how you intend to use the property. You may attach an additional statement, maps, drawings, etc): \_\_\_\_\_

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**Restrictive Land Use Regulations.** Please list the current state and/or local land use regulation(s) that prevent the proposed use(s), noting date of enactment: \_\_\_\_\_

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**Land Use Regulations at Time of Acquisition.** Please list the land use regulation(s) that existed at the time of the present owner's acquisition that you now believe authorize the proposed use(s) under Measure 37: \_\_\_\_\_

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**MEASURE 37  
ADDITIONAL PROPERTY OWNER AUTHORIZATION**

CONTACT OWNER'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

ASSESSOR'S LEGAL: Twn \_\_\_\_, Rng \_\_\_\_, Sec \_\_\_\_ - \_\_\_\_, Tax Lot(s) \_\_\_\_\_

**ADDITIONAL PROPERTY OWNER**

<b>Name:</b>
<b>Mailing Address:</b>
<b>Daytime Phone:</b>
<b>Email:</b>

**PROPERTY OWNER AUTHORIZATION**

**→ Completion of this authorization acts as a consent to the filing, processing and completion of a claim for compensation or waiver of land use regulations under Oregon 2004 Ballot Measure 37. ←**

I, \_\_\_\_\_, am one of the owners of real property located at \_\_\_\_\_ (address), and described in the Josephine County Assessor's records as Twn \_\_\_\_, Rng \_\_\_\_, Sec \_\_\_\_, Qtr \_\_\_\_, TL(s) \_\_\_\_\_, and I authorize the filing of the Measure 37 claim for compensation as documented on pages 1 through 3 of the original claim form.

Dated this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Property Owner

STATE OF \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

On this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, \_\_\_\_\_ personally came before me, a Notary Public for the State of \_\_\_\_\_, and the County of \_\_\_\_\_, and executed the above Claim for Compensation and acknowledged to me that it was freely and voluntarily done and that the information contained in it is true.

NOTARY SEAL

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_