



Measure 49 Claim for New Claims

FILE NUMBER:

FOR INTAKE, STAFF USE ONLY

Date received _____
 Received by _____
 Quarter section map(s) _____
 Plan district _____

Neighborhood _____
 Business association _____
 Zoning _____
 Fee paid _____

**SECTION 1 — Name and contact information of all claimants and owners.
 List each claimant separately. Provide attachment if more than 3 claimants.**

Claimant owner (individual, business entity, or trustee of trust)
 Non-claimant owner (individual, business entity, or trustee of trust)

1 Name _____
 Name of representative of business entity or name of trust _____
 Mailing address _____
 City _____ State _____ Zip _____
 Telephone _____ FAX _____
 Email _____

Claimant owner(individual, business entity, or trustee of trust)
 Non-claimant owner (individual, business entity, or trustee of trust)

2 Name _____
 Name of representative of business entity or name of trust _____
 Mailing address _____
 City _____ State _____ Zip _____
 Telephone _____ FAX _____
 Email _____

Claimant owner(individual, business entity, or trustee of trust)
 Non-claimant owner (individual, business entity, or trustee of trust)

3 Name _____
 Name of representative of business entity or name of trust _____
 Mailing address _____
 City _____ State _____ Zip _____
 Telephone _____ FAX _____
 Email _____

SECTION 2 — Name and contact information of primary contact/authorized representative.

Name _____
Mailing address _____
City _____ State _____ Zip _____
Telephone _____ FAX _____
Email _____

SECTION 3 — Identification of property and date of acquisition. List each tax lot separately and attach additional sheets if needed. Attach title report and copy of county deed records.

1 Street address (if any) or nearest intersection _____

Tax account number R _____
Claimant 1: Date of acquisition _____
Claimant 2: Date of acquisition _____
Claimant 3: Date of acquisition _____

2 Street address (if any) or nearest intersection _____

Tax account number R _____
Claimant 1: Date of acquisition _____
Claimant 2: Date of acquisition _____
Claimant 3: Date of acquisition _____

3 Street address (if any) or nearest intersection _____

Tax account number R _____
Claimant 1: Date of acquisition _____
Claimant 2: Date of acquisition _____
Claimant 3: Date of acquisition _____

4 Street address (if any) or nearest intersection _____

Tax account number R _____
Claimant 1: Date of acquisition _____
Claimant 2: Date of acquisition _____
Claimant 3: Date of acquisition _____

SECTION 4 — Describe the desired residential use of the property that has been restricted by the City of Portland’s land use regulation(s).

SECTION 5 — City of Portland land use regulation(s) that restrict desired residential use. List each regulation separately.

Regulation:	Date of enactment:	Impact of regulation on desired use:
Regulation:	Date of enactment:	Impact of regulation on desired use:
Regulation:	Date of enactment:	Impact of regulation on desired use:
Regulation:	Date of enactment:	Impact of regulation on desired use:

SECTION 6 — Reduction in fair market value of the property. Attach appraisal.

Amount of reduction in fair market value as determined by appraisal \$ _____

SECTION 7 — Other claim submittals.

Have you submitted a Measure 49 claim to another governmental entity regarding the property listed in this claim?

Yes No Date Submitted _____ To whom _____

SECTION 8 — Signature and consent of all owners.

I/We hereby declare under penalties of false swearing (ORS 162.075 and ORS 162.085) that the above information and all of the statements, documents, and attachments submitted with this claim are true and correct. I am the owner of the real property described above in this claim form. I have reviewed the claim prepared by the above named claimant(s) relative to the property identified above. I hereby consent to the filing of a claim for relief under Measure 49.

1 Signature _____
Print name _____ Date _____

2 Signature _____
Print name _____ Date _____

3 Signature _____
Print name _____ Date _____

4 Signature _____
Print name _____ Date _____

5 Signature _____
Print name _____ Date _____

6 Signature _____
Print name _____ Date _____