

Measure 37 Claim Instructions

1. Measure 37 claims will be accepted in any format which complies with Oregon law and City of Burns ordinances. This form is supplied for your convenience, and to help you to assure that your claim is legally “filed” with the City of Burns.
2. Answer all questions below fully, completely, and truthfully. Any omissions or misstatements of fact may lead to denial of your claim.
3. Attach all documents asked for. On the upper right-hand corner of the first page of each document designate the paragraph of section 3 of City of Burns Ordinance 775 to which that document relates. (For example, write *(d)* in the upper right-hand corner of each appraisal you attach to your claim.) The questions on the City’s Measure 37 Claim Form (attached) use the same numbering scheme.
4. Claims may be submitted during regular business hours at Burns City Hall, or mailed to the City of Burns, 242 South Broadway, Burns, OR 97720. Faxed claims will not be accepted. Courier deliveries (such as FedEx and UPS) can be sent to the above address as well. No claims will be accepted prior to December 2, 2004.
5. Within approximately one business day following completion, your claim will be reviewed for legal completeness. If it is not complete, it will be returned to you. If it is complete, it will be marked as “filed” and given a filing date. A copy of the first page so marked will be returned to you.
6. **Pre-claim conference:** Potential claimants are strongly encouraged to phone City Hall, to schedule a pre-claim conference with the City Manager. While any views expressed by the City Manager at the pre-claim conference are tentative and will not bind the City of Burns, a sincere effort will be made to help you to evaluate your claim’s prospects for success, and to advise you about how to comply with the City’s Measure 37 claims procedure.

City of Burns
242 South Broadway
Burns, Oregon 97720
(541) 573-5255 FAX (541) 573-5622

Measure 37 Claim Form

<p style="text-align: center;"><i>Office use only:</i></p> <p>Date and time rec'd over counter: Rec'd over counter by (initials): Reviewed for completeness by: Filed on date: _____</p>

- a. Print or type below the full legal names, addresses, and telephone numbers of all owners of the property to which your claim relates. Identify the nature of the legal interest of each such person. Print or type the full legal names, addresses, and telephone numbers of all other persons with any other legal, equitable, or other interest in the property, including lien holders, trustees, renters, and lessees. Identify the nature of the legal interest of each such person. If necessary, continue onto the back of this page or attach extra pages. Write *a* in the upper right-hand corner of each such page.

b. Print or type below the address, tax lot, and legal description of the real property that is the subject of the claim. File with this form a title report issued no more than 30 days prior to the submission of the claim that reflects the ownership interest in the property, or other documentation reflecting sole ownership of the property by the claimant, and the date the property was acquired. Mark each such document *b* in its upper right-hand corner.

a. Identify clearly and fully below the current land use regulation or regulations which allegedly restrict the use of the real property and allegedly causes a reduction in the fair market value of the subject property. File with this form a copy of each such regulation, marked *c* in its upper right-hand corner.

a. What is the amount of your claim, based upon the alleged reduction in value of the real property? Print or type that dollar value below, both in words and in numbers. Also, file with this form in support of this claim one or more appraisals by an appraiser or appraisers licensed by the Appraiser Certification and Licensure Board of the State of Oregon. Mark it/them as *d* in its/their upper-right hand corner.

b. Identify below all leases or Covenants, Conditions and Restrictions (“CCR’s”) applicable to the real property, if any that impose restrictions on the use of the property. File copies of each such document with your claim, marked *e* in its upper right-hand corner.

a. Print or type below the name of the person to whom you want the City to send all correspondence (including notices) relating to this claim, along with his or her full mailing address. Also include a physical address, if the mailing address is a post office box.

a. What is the relationship of the person named in Q. f to the claimant? (If that person represents the claimant under power of attorney, include a notarized true copy thereof. If that person represents the claimant as his or her lawyer, include a notarized true copy of the attorney-client agreement covering this claim.

a. Each claimant must sign below. Agents or attorney, sign and note capacity.

