

COST ESTIMATE FORM RELOCATION OF PERSONAL PROPERTY

North Dakota Department of Transportation, Design Division

SFN 10149 (Rev. 01-2003)

Parcel Number	Project Number
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Name of Relocatee

Address

Inventory of Property (Use Reverse Side if Necessary) _____

Destination of Move

Number Miles Moved

Basis for Estimate: (Describe Fully) _____

Total Estimate \$

Signed

Date
