

# RELOCATION WORKSHEET

North Dakota Department of Transportation, Design Division

SFN 13221 (Rev. 01-2003)

## General

Owner	Project Number
Tenant	Parcel Number
Address	County
Address	District
Telephone	

## Project Related Dates

Date of Public Hearing	Date of Project Letting
Date of Project Certification	Date of Project Appraisal
Date of Parcel Appraisal	Date of Project Negotiations
Date of Parcel Negotiations	Date of Parcel Settlement

## Relocation Assistance Related Dates

Date of General Information Notice Sent	Date of Personal Contact	Date of Telephone Contact
Date of Notice of Relocation Eligibility	Date of Personal Contact	Date of Telephone Contact
Date of Notice of Initiation of Negotiations	Date of Personal Contact	Date of Telephone Contact
Date 90-day Notice Provided	Date of Personal Contact	Date of Telephone Contact
<i>"Comments on contacts on back side"</i>	Date of Personal Contact	Date of Telephone Contact
	Date of Personal Contact	Date of Telephone Contact

## Type of Relocation Assistance and Payment

Business	Residential
Moving Personal Property	Moving Personal Property
Actual or Direct Loss of Tangible Personal Property	House Supplement
Searching Cost	Down Payment
In Lieu	Rent Supplement
Incidental Expense	Increased Interest
Storage	Incidental Expense
Reestablishment Expenses	Last Resort Housing
	Storage

North Dakota Department of Transportation	Date
Date Relocation Assistance was Completed	

Personal Contacts

COMMENTS:

1st Contact: \_\_\_\_\_  
\_\_\_\_\_

2nd Contact: \_\_\_\_\_  
\_\_\_\_\_

3rd Contact: \_\_\_\_\_  
\_\_\_\_\_

4th Contact: \_\_\_\_\_  
\_\_\_\_\_

5th Contact: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments and/or Remarks: \_\_\_\_\_  
\_\_\_\_\_

Telephone Contacts

COMMENTS:

1st Contact: \_\_\_\_\_  
\_\_\_\_\_

2nd Contact: \_\_\_\_\_  
\_\_\_\_\_

3rd Contact: \_\_\_\_\_  
\_\_\_\_\_

4th Contact: \_\_\_\_\_  
\_\_\_\_\_

5th Contact: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments and/or Remarks: \_\_\_\_\_  
\_\_\_\_\_