

QUESTIONNAIRE TO SHOW NEEDS OF DISPLACED PERSON(S)

North Dakota Department of Transportation, Environmental & Transportation Services

SFN 10139 (9-2016)

Project Control Number	Project Number	Primary Parcel Number			
Additional Parcel(s)					
Displaced Person(s)					<input type="checkbox"/> Owner
					<input type="checkbox"/> Tenant
Property Address		City	State	ZIP Code	
Telephone Number					
Type of Property					
Total Members of Family		Total Number of Children	Number of Boys	Number of Girls	
Occupation of Family Head of Household					
Name of Employer					
How long have you occupied these premises? (Years/Months)			Date Property was Purchased		
Amount of Monthly Payment			Amount of Monthly Rent		
Number of Rooms Occupied by the Family:					
Bedrooms	Living Room	Kitchen	Dining	Family	Other
Where would you like to relocate?					
Approximate Number of Square Feet Needed					
Explain needs as to area, size, rooms needed, etc.					
Would you like to have the North Dakota Department of Transportation personnel assist you in finding a replacement property for property being acquired? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Remarks					
North Dakota Department of Transportation					Date