

MISSOURI DEPARTMENT OF TRANSPORTATION
 RIGHT OF WAY DIVISION
RELOCATION REPORT

COUNTY			ROUTE	PARCEL	JOB NUMBER	
OCCUPANT'S NAME			FEDERAL NUMBER		OCCUPANT IS <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	
PROPERTY ADDRESS			MAILING ADDRESS IF DIFFERENT			
DISPLACEMENT <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL		DATE OF INITIAL RELOCATION CONTACT		MADE BY		

INITIATION OF NEGOTIATIONS CONTACT

This Contact Applicable When Residential Owner - Occupants Are Totally Displaced

DATE NEGOTIATIONS INITIATED		R/W SPECIALIST PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE WRITTEN OFFER PRESENTED TO OWNER	
PRESENTED BY		PRESENTED TO			
AMOUNT \$		FOR <input type="checkbox"/> REPLACEMENT HOUSING PAYMENT <input type="checkbox"/> RENTAL SUBSIDY PAYMENT			
WAS THE ABOVE NAMED "OCCUPANT" IN OCCUPANCY AT THE "INITIAL RELOCATION CONTACT"? DATE RELOCATION PROGRAM FIRST EXPLAINED AND RELOCATION BROCHURE PRESENTED: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO DATE RELOCATEE NEEDS QUESTIONNAIRE COMPLETED: _____					
OCCUPANTS ARE: <input type="checkbox"/> U.S. CITIZENS <input type="checkbox"/> ALIEN LAWFULLY PRESENT IN U.S.					

COMMENTS CONCERNING THIS CONTACT

TEN DAY RELOCATION CONTACT

This Contact Applicable When Residential Tenants Are Totally Displaced

DATE NEGOTIATIONS INITIATED		DATE OF "TEN DAY CONTACT"		MADE BY		DATE RA 8-4.3(c)(1) NOTICE TO TENANT	
WHERE MADE				PERSON CONTACTED			
WAS RELOCATEE NEEDS QUESTIONNAIRE UPDATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WAS COPY PRESENTED DURING THIS CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO TENANT <input type="checkbox"/> DID <input type="checkbox"/> DID NOT HAVE RELOCATION BROCHURE IN POSSESSION WAS THE ABOVE NAMED "OCCUPANT" IN OCCUPANCY AT THE "INITIAL RELOCATION CONTACT"? DATE RELOCATION PROGRAM FIRST EXPLAINED AND RELOCATION BROCHURE PRESENTED: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO DATE RELOCATEE NEEDS QUESTIONNAIRE COMPLETED: _____							
COMMENTS CONCERNING THIS CONTACT							

Applicable To All Residential Displacements

NUMBER OF ROOMS AND/OR EQUIVALENT AREAS FURNISHED BY RELOCATEE AT INITIATION OF NEGOTIATIONS

This Section Applicable To Totally Displaced Businesses, Farm Operations And Nonprofit Organizations

DATE FIRST RELOCATION CONTACT MADE EXCLUDING THE "INITIAL RELOCATION CONTACT"		MADE BY	
WHERE MADE		PERSON CONTACTED	
PERSON CONTACTED WAS <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER IF OTHER, SHOW RELATIONSHIP:			
WAS THE ABOVE NAMED "OCCUPANT" IN OCCUPANCY AT THE "INITIAL RELOCATION CONTACT"? DATE RELOCATION PROGRAM FIRST EXPLAINED AND RELOCATION BROCHURE PRESENTED: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO DATE RELOCATEE NEEDS QUESTIONNAIRE COMPLETED: _____			

This Section Applicable When Partial Displacements Involved - Residential, Business, Farm & Nonprofit Organizations

DATE OF RELOCATION CONTACT WITH OWNER OF PERSONAL PROPERTY		MADE BY	
WHERE MADE		PERSON CONTACTED	
Was Relocation Brochure Presented To Owner? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was Relocation Program Explained? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST OF ITEMS OF PERSONAL PROPERTY TO BE RELOCATED (ATTACH ADDITIONAL SHEETS IF NECESSARY)			
SUBJECT RELOCATEE <input type="checkbox"/> DID <input type="checkbox"/> DID NOT ACCEPT OFFER OF ASSISTANCE IN LOCATING REPLACEMENT PROPERTY. (IF OFFER WAS ACCEPTED, ENTRIES ON THIS FORM OR ON ATTACHED SHEETS MUST SHOW ACTIONS TAKEN TO PROVIDE SUCH ASSISTANCE).		R/W SPECIALIST'S SIGNATURE	
		DATE	