Notice of Claim Rejection Be Produced in District Office

On District Letterhead Paper

EXAMPLE

(Date)

(Relocatee's Name and Address)

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Subject: Notice of Relocation Claim Rejection

Your recent claim for a payment in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ has not been approved for payment for the following reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not satisfied with this decision concerning your claim, you can, as outlined in the department's Relocation Assistance Brochure, request an appeal hearing. The department will provide you with an application for appeal hearing upon request.

Should you desire an appeal hearing, your application must be submitted to the above address within 60 days after receiving this notice.

Please contact (Relocation Agent) at telephone number (District name), if you have any questions.

Sincerely,

District Engineer

(County, Route, Job No., Federal No. and Parcel No.)

**NOTE TO DISTRICT:** See the last paragraph in subparagraph 236.8.15.2, if the claim is being rejected due to the relocatee occupying non-DS&S replacement housing.