FILE CLOSED

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:** |  | | | **CODE:** |  | | **PARCEL:** |  | **REVIEWER:** |  |
|  |  |  |  | | |  | | | | |
| Attached | Previously Submitted | Submit when available | Form # | | | Required Items | | | | |
|  | | | | | | | | | | |
|  |  | NA | Letter | | | Notice to displacee of file closing (**if entitlements remain unclaimed**) | | | | |
|  |  |  |  | | |  | | | | |
|  | NA | NA | # 8 | | | Agent’s Report detailing the general relocation items discussed | | | | |
|  |  |  | **\*** | | | R8 does not need to be lengthy, but it must be specific and complete | | | | |
|  |  |  | **\*** | | | R8 should be **signed** by both the agent and displacee | | | | |
|  |  |  | **🡺** | | | Brief description of circumstances of subject & where/how displacees moved | | | | |
|  |  |  | **🡺** | | | All relocation entitlements offered & accepted, entitlements not claimed | | | | |
|  |  |  | **🡺** | | | Date Right of Way was cleared | | | | |
|  |  |  | **🡺** | | | 12-month (if applicable) and 18-month deadlines to re-open noted | | | | |
| **Please verify that the following items have been received – if not, please submit:** | | | | | | | | | | |
|  |  |  |  | | |  | | | | |
| Attached | Previously Submitted | Submit when available | Form # | | | Required Items | | | | |
|  | NA |  | # 12 / # 25 | | | Fully completed and updated with all moving costs totaled | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | # 15 / 15a | | | Updated Replacement Housing Computation (residential – changes only) | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | Notification | | | District 48 hour notification for Right of Way move inspection | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | RW Clear | | | R8 stating Right of Way is clear | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | AOE | | | Authorization of Entry (if applicable) | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | Bid Fee | | | Bid Fee (when professional bids used) | | | | |
|  |  |  |  | | |  | | | | |
| Verified | **Please verify the following – do not send** | | | | | | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | Vouchers | | | Voucher packets complete with required items per Assembly page | | | | |
|  |  |  | **\*** | | | Copy of **signed** check receipt or copy showing check was mailed | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | Signatures & Names | | | All forms have all displacees’ names and are **signed** by displacees | | | | |
|  |  |  | **\*** | | | If there are **unsigned** or incomplete forms, please send updated version | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | Correspondence | | | Correspondence and notes in chronological order | | | | |
|  |  |  |  | | |  | | | | |
|  |  |  | Confidential Info | | | Properly dispose of W-9, extra copies of vouchers, etc. | | | | |

|  |
| --- |
| **Page 27** |

| **COMPLIANCE CERTIFICATION** | |
| --- | --- |
| *I,* AGENT NAME & TITLE, AGENT COMPANY*, certify that this submittal is made in good faith; that the supporting data is accurate and complete to the best of my knowledge and that this submittal is in accordance with 49 CFR Part 24, PL 91-646 and IC 32-24 and that all applicable rules and regulations of the Federal Highway Administration have been complied with.* | |
|  |  |
|  | (Signature) |
|  | Phone: AGENT PHONE  Email: AGENT EMAIL |

Reviewer Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_