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. |

|  |
| --- |
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| **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 PHONEEmail: AGENT EMAIL |

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