

# STATE OF COLORADO

## DEPARTMENT OF TRANSPORTATION

4201 East Arkansas Avenue - ROW  
Denver, Colorado 80222  
(303)757-9011



Date:

To:

From: Staff Right of Way

Subject: **Transmittal of Documents**

Project #
Location
Parcel #
Project Code (SA#)
Name

- |                                                                    |                                                          |
|--------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Deed                                      | <input type="checkbox"/> Claim for moving expense        |
| <input type="checkbox"/> Easement                                  | <input type="checkbox"/> Claim for supplemental payments |
| <input type="checkbox"/> Partial release                           | <input type="checkbox"/> Claim for in lieu payments      |
| <input type="checkbox"/> Full release                              | <input type="checkbox"/> Relocation determination        |
| <input type="checkbox"/> Lease                                     | <input type="checkbox"/> Entitlement supplement          |
| <input type="checkbox"/>                                           | <input type="checkbox"/> Zero determination              |
| <input type="checkbox"/> Warrant # _____ in the amount of \$ _____ |                                                          |
| Which is:                                                          |                                                          |
| <input type="checkbox"/>                                           | Payment to grantor(s)                                    |
| <input type="checkbox"/>                                           | Payment for relocation                                   |
| <input type="checkbox"/>                                           | Court deposit on above captioned file                    |
| <input type="checkbox"/>                                           |                                                          |

Warrant payable to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Right of Way

By \_\_\_\_\_

Attach  
cc: \_\_\_\_\_  
\_\_\_\_\_