

COLORADO DEPARTMENT OF TRANSPORTATION MOVING CLAIM (Residential)	Project Code:
	Parcel No:
	Project No:
	Location:
	County:
Claimant's name:	
State acquired address or location (include apt. # or mobile home space #):	
Replacement property address or location (include apt. # or mobile home space #):	
ACTUAL REASONABLE MOVING AND RELATED EXPENSES: Moves from a Dwelling/Mobile Home (based on one or a combination of the following options):	
1) Commercial Move \$	
2) Self Move	
a) Fixed Residential Moving Cost Schedule..... \$ Rooms in dwelling + rooms in storage = rooms Rooms in storage include:	
b) Actual Cost Move (receipted bills for labor and equipment; hourly rates should not exceed those paid by commercial movers for labor and equipment rental) \$	
NOTE: A self move based on the lower of two bids or estimates is not eligible.	
I certify that I have vacated, or will vacate, the State acquired property. I have not submitted any other claim, or received any compensation for my moving expenses. I will not accept compensation other than as specified in this claim.	
I declare that statements made in this document are true and correct to the best of my knowledge. I understand that false statements on this document may result in loss of the entire claim.	
Claimant signature	Date:
Claimant signature	Date:
I certify that to the best of my knowledge the amount of payment is correct and that this claim conforms in all respects to the applicable provisions of State law.	
Real Estate Specialist signature	Date:
Statewide ROW Program Manager (review and approval)	Date:

CDOT Form #437 05/17

cc: Project Development Branch, ROW Services (original)
 Region ROW