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| **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: |
|  | | 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: |