

# STATE OF COLORADO

## DEPARTMENT OF TRANSPORTATION

Right of Way Services  
4201 E. Arkansas Avenue, 4<sup>th</sup> Floor  
Denver, Colorado 80222  
(303) 757-9331 Fax (303) 757-9868



Project Code:  
Parcel No:  
Project No:  
Location:  
Name:

### CLOSING STATEMENT AND RECEIPT

- Acquisition  
 Relocation  
 Other (Partial Release Fee, Protective Rent, etc.)

Closing statement: (completed by Real Estate Specialist)

Warrant #	Warrant Amount \$
I certify that on this date, I <input type="checkbox"/> delivered or <input type="checkbox"/> mailed certified, the above warrant to _____ which is in full compliance with the terms of the Acquisition Agreement, Relocation Claim, or Other (Partial Release Fee, Protective Rent, etc.) for the above mentioned project and parcel(s).	
Signature	Date
Title	

Receipt: (completed by property owner, tenant or representative)

I do hereby acknowledge receipt of the warrant issued to me in full compliance with the terms of the Acquisition Agreement or Relocation Claim or Other (Partial Release Fee, Protective Rent, etc.).	
Name (Print)	
Signature	Date
Signature	Date

cc: Project Development Branch (ROW Services) – original  
Region ROW File  
Property Owner

CDOT Form #444  
12/05

Previous editions are obsolete and may not be used