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| **DIARY OF RIGHT OF WAY RELOCATION ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | |
| **Residential** -  Owner or  Tenant | | | | | | | | | | **Non-Residential** –  Business or  Landlord | | | | | | | | | **PPO** | | | |
| Plan Title: | | | | | | | | | | | | | | | **Parcel No.** | | | | | | | |
| **Displacee No.** | | | | | | | |
| Displacee Name: | | | | | | | | | | | | | | | | | | | | | | |
| Telephone No.: | | | | | | | | | Email Address: | | | | | | | | | | | | | |
| Contact Name and Title (if different): | | | | | | | | | | | | | | | | | | | | | | |
| Telephone No.: | | | | | | | | | **Email Address:** | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | |
| **Displacement Site Address:** | | | | | | | | | | | | | | | | | | | | | | |
| **Replacement Site Address:** | | | | | | | | | | | | | | | | | | | | | | |
| **Relocation Plan Approval Date:**  **Relocation Description:**  BRIEF DESCRIPTION OF ACQUISITION IMPACTS, PARCEL, AND RELOCATION NEEDS | | | | | | | | | | | | | | | | | | | | | | |
| **MILESTONES** | | | | | | | | | | | | | | | | | | | | | | |
| Date Assigned: | | | |  | | | Offer/Eligibility Date: | | | | |  | | | | Offer Amount: | | | |  | | |
| Date Rescinded: | | | |  | | | Settlement Date: | | | | |  | | | | Settlement Amount: | | | |  | | |
| 90-Day Assur. Date: | | | |  | | | Vacate Date: | | | | |  | | | | Final Claim Date: | | | |  | | |
|  | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| **Notices:** | | | | | | | | | | | | | | | | | | | | | | |
| General Notice | | | Lawfully Present | | | | Notice of Intent | | | | NOE Letter: | | | MEA | | | Vacate Insp. | | | | Final Claim Ltr. | |
| Date: |  | | Date: | |  | | Date: |  | | | Date: | |  | Date: | |  | Date: |  | | | Date: |  |
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| DATE | | AGENT NAME | | | | ACTIVITIES | | | | | | | | | | | | | | | | |
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*All relocation activities are completed, and the file is closed. The following relocation claims have been reconciled and paid as part of the displacement.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Moving | | |  | Reestablishment/Replacement Housing | | |
| Date Paid | Amount | |  | Date Paid | Amount | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
| Total Moving: | |  |  | Total Reestablishment/RHP: | |  |

Agent’s Name and Title Date

Agent’s Name and Title Date

Note: All agents contributing to this diary should review their entries and sign the final diary.