INSERT DATE

INSERT NAME

INSERT ADDRESS

**Relocation Assistance Program**

**Notice of Final Date to Claim Relocation Entitlements**

Project Title: INSERT PROJECT NAME

Parcel No.: INSERT PARCEL #

Displacee No.: INSERT DISPLACEE #

Dear INSERT NAME:

On INSERT DATE, a representative of the Washington State Department of Transportation (WSDOT) provided you with a notice of your maximum replacement housing payment. According to our records, you vacated the property located at INSERT ADDRESS on INSERT DATE.

**To avoid loss of your relocation entitlements you must** **occupy a qualifying replacement property that meets WSDOT’s standards for Decent, Safe, and Sanitary (DSS) housing by 11:59 p.m. on** **INSERT DATE. Your deadline to make a claim for your entitlements is** **INSERT MONTH/YEAR**. Failure to meet either of these requirements will result in a loss of your remaining entitlements.

Please contact me for specific details, clarification, or any questions you may have.

Sincerely,

INSERT SPECIALIST'S NAME

Relocation Specialist

Real Estate Services

INSERT SPECIALIST'S ADDRESS

INSERT SPECIALIST'S PHONE AND FAX NUMBER

INSERT SPECIALIST'S EMAIL ADDRESS