|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DIARY OF RIGHT OF WAY RELOCATION ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Residential** -  Owner or  Tenant | | | | | | | | | | | **Non-Residential** –  Business or  Landlord | | | | | | | | | **PPO** | | | | |
| PROJECT NO. | | | | | | Plan Title: | | | | | | | | | | | | | | **Parcel No.** | | | | |
| **Displacee No.** | | | | |
| **Account Classification** | **R/W** | | | | | Displacee Name: | | | | | | | | | | | | | | | | | | |
| Telephone No. | | | | | | | | | Email Address: | | | | | | | | | |
| **Control Sec.** | | | | | Contact Name and Title (if different): | | | | | | | | | | | | | | | | | | |
| Telephone No. | | | | | | | | | **Email Address:** | | | | | | | | | |
| **Group/Work Op** | | | | | Mailing Address of Displacee: | | | | | | | | | | | | | | | | | | |
| **Org. No** | | | | | **Displacement Site Address:** | | | | | | | | | | | | | | | | | | |
| **SWV#** | | | | | **Replacement Site Address:** | | | | | | | | | | | | | | | | | | |
| **Relocation Description:** | | | | | | | | | | | | | | | | | Relo Plan Approved Date: | | | | | | |  |
| ***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| Date Rescinded: | | | | |  | | | | Settlement Date: | | | |  | | | | Settlement Amount: | | | |  | | | |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 Assu. 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: |  | |
|  | |  | |  | | |  | |  |  | |  | |  | |  |  |  |  | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | | | AGENT NAME | | | | | ACTIVITIES | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | | | | | | | | |

*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 | JN | Amount |  | Date Paid | JN | Amount |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total Moving: | |  |  | Total Reestablishment/RHP: | |  |

Agent’s Name and Title Date

Agent’s Name and Title Date

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