Date: Click or tap to enter a date.

Jack Marchbanks, Ph.D., Director

Attention: Administrator, Office of Real Estate

Ohio Department of Transportation

1980 W. Broad Street, 3rd Floor

Mailstop 4120

Columbus, Ohio 43223

RE: CRS:XXX-XX-XXXX

PCL:XXX-XXX

PID:**XXXXXX**

Dear Dr. Marchbanks,

It is my understanding that as an aggrieved displaced person I may file a written Relocation Assistance Appeal and that I should list all of the items that I wish to appeal at one time. This appeal concerns my belief that your Agency has not properly considered my application for assistance under the Uniform Relocation Assistance Program. Such assistance may include, but is not limited to, my eligibility for, or the amount of, a payment required under the Relocation Assistance Program.

I understand that my appeal shall be filed within 120 days of receiving written notification of the Agency’s determination on my claim. I also understand that I have the right to be represented by Legal Counsel or other representation in connection with my appeal, solely at my own expense. Further, I understand that I and /or my representative have the right to inspect and copy all materials pertinent to my appeal, except materials which are classified as confidential by your agency.

Listed below, or on attached sheets, are the items I am appealing and all factual support for my position.

Sincerely,

For correspondence to this request, my current address and phone number are listed below:

|  |
| --- |
|  |
| Print Name |
|  |
| Street Address |
|  |
| City, State & Zip |
|  |
| Phone Number |
|  |