** STATE OF OHIO DEPARTMENT OF TRANSPORTATION**

 **RELOCATION ASSISTANCE AGENT’S NOTES**

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|       |
| County Route Section      |
| Relocation Parcel No. PID      |
| Relocatee’s Name(s) |

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| *NOTE: All entries must be typed and signed or initialed by the Agent on the date of entry.**To add an additional row, tab from the end of the last Entry field.* |

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| **Date** | **Entry** |
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