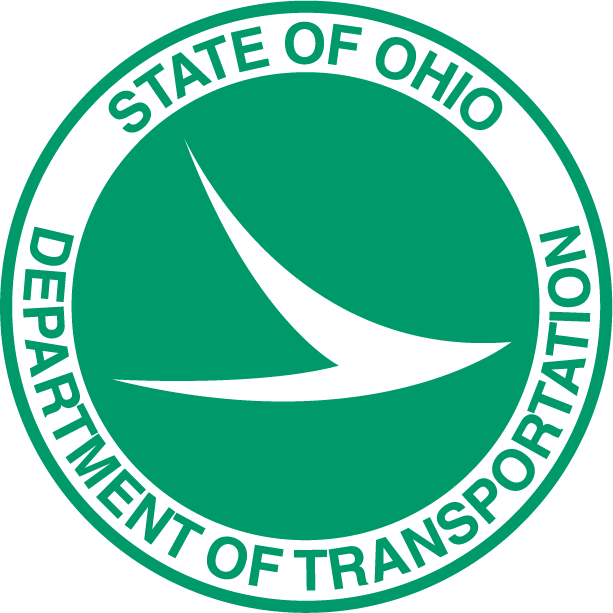
** STATE OF OHIO DEPARTMENT OF TRANSPORTATION**

**RELOCATION ASSISTANCE AGENT’S NOTES**

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

|  |
| --- |
| *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.* |

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