

Date: DATE

To: Occupant Name
Street Address
City, State, Zip

Subject: Item No. 00-0000.00; County Name
Project Number; Federal Project Number
Project Name
Parcel No. 000
Final Notice of Benefit Expiration

Dear Occupant Name,

As an occupant of this property who is being displaced by the acquisition of right of way for the subject project by the Kentucky Transportation Cabinet, you were notified of eligibility for certain payments and services provided for in the Relocation Assistance Program. These services, payments, and the requirements to claim them will expire on (Date). Please notify me if you wish to claim any of the eligible benefits before (date).

Should you have any questions or need further assistance, please contact me at (000)000-0000 or first.last@ky.gov .

Sincerely,

Agent name
Relocation Agent
KYTC, District ##
Address
City, State, Zip