Date: DATE

To: Occupant Name
             Street Address
             City, State, Zip

Subject: Item No. 00-0000.00; County Name
             Project Number; Federal Number
             Project Name
             Parcel No. 000
             Move Authorization

Dear Occupant name:

This is a written notice to inform you that the Kentucky Transportation Cabinet has received an approved bid from a licensed and insured professional commercial mover to move your personal property from the proposed right of way. The amount of the approved bid is **$00,000.00**, which was provided by **COMMERCIAL MOVER NAME**. This bid is based on the Certified Inventory. If at the time of the move the inventory deviates to any significant extent from the Certified Inventory, the approved amount must be revised accordingly before payment can be made. You may move the personal property yourself for the approved bid amount, or you may hire a licensed and insured professional commercial mover of your choice; however, the bill you submit to be paid will only be eligible for reimbursement up to the approved amount. Any arrangement with a commercial mover is between the commercial mover and yourself, however, the KYTC may pay the mover directly.

Please consider this letter authorization to begin the move of your personal property. It is required that you give the KYTC advance notice of the date you plan to commence the move. KYTC will monitor the move while in progress. The inventory will be checked at the replacement site to determine if all the items are moved to the new location. If any items are not moved, the amount of the proposed payment will be reduced accordingly.

Before delivering a move payment the relocation agent will verify by an on-site inspection that all personal property has been moved from the proposed right of way.

Should you have any questions or need further assistance, please contact me at the District Office at (000) 000-0000 or by email First.Last@KY.GOV.

Sincerely,

Agent Name
Relocation Agent
KYTC – District ## Office
Street Address

Occupant Name
Move Authorization

City, State, Zip