KENTUCKY TRANSPORTATION CABINET
Department of Highways
DIVISION OF RIGHT OF WAY AND UTILITIES

TC 62-216
Rev. 05/2019

REQUEST FOR RELOCATION REVIEW/APPEAL

COUNTY	ITEM NO.	PARCEL	NAME
PROJECT NO.	**FEDERAL NUMBER**		**PROJECT**

Your request for a review of a relocation determination must be received by the Right of Way Supervisor in the location and by the date specified below. For assistance in filing your request contact the relocation agent indicated below.

DATE REQUEST MUST BE RECEIVED	DISTRICT NO.	ADDRESS	PHONE NO.

RIGHT OF WAY SUPERVISOR	RELOCATION AGENT

I request your review of my case concerning relocation assistance benefits for the following reasons:

Signature	Date

Use additional sheets if necessary