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| ***Instructions:***  *Email completed form, as well as the current project report and Approved Property Management Report, to the KYTC Acquisition Branch Manager for review. Questions? Contact the Division of Right of Way & Utilities Acquisition Branch at (502) 564-3210.* |
| **SECTION 1: PROJECT INFORMATION** |
| **PROJECT** | **NTP/OO APPROVED DATE** |
|       |       |
| **COUNTY** | **ITEM NO.** | **PROJECT NO.** | **FEDERAL NO.** |
|       |       |       |       |
| **EST. COMPLETION DATE** | **NO. OF PARCELS** | **ROW PROJECT MANAGER** |
|       |       |       |
| **DATE TITLES COMPLETED** | **NAME OF ENTITY COMPLETING TITLES** |
|       |       |
| *Respond to each of the questions below by checking “yes” or “no”, and answering follow-up questions as appropriate.* |
|  | **YES** |  | **NO** |  |  |
| 1. | [ ]  |  | [ ]  | Has the letting date been established? If yes, provide date:       |  |
| 2. | [ ]  |  | [ ]  | Have right-of-way plans been submitted? If no, provide expected completion date:       |  |
|  | 3. | [ ]  |  | [ ]  | Has a field review of the plans (such as, septic, signs, etc.) been conducted, and plans checked for accuracy?  |  |
|  | 4. | [ ]  |  | [ ]  | Are there any graves or gas, oil, or water wells impacted?  If “yes,” have they been spotted on the plans? [ ]  Yes [ ]  No |  |
|  | 5. | [ ]  |  | [ ]  | Are the legal descriptions, cross sections, and pipe sheets available?  |  |
|  | 6. | [ ]  |  | [ ]  | Has the Property Management Report been submitted and approved? Provide approval date, if applicable:       |  |
| **SECTION 2: SERVICES REQUESTED** *(Check all that apply.)* |  |  |  |
|  [ ]  Appraisal [ ]  Acquisition [ ]  Property Management (if applicable) |  |  |  |
|  [ ]  Appraisal Review [ ]  Relocation Assistance |  |  |  |
| **SECTION 3: WORK RETAINED BY DISTRICT** *(Check all that apply and provide corresponding number of parcels.)* |  |  |  |
|  |  | [ ]  Appraisals | [ ]  Acquisitions | [ ]  Relocations |  |  |  |  |
| Number of Parcels |  |  |  |  |  |  |
| *If no work is being retained, please provide justification including the district’s current workload. (Text limited.)* |  |  |
|  |       |  |  |  |
| **SECTION 4: SIGNATURE** |  |  |
| **RIGHT OF WAY AGENT SUPERVISOR***(Printed Name)* | **SIGNATURE** | **DATE** |  |  |
|       |       |       |  |  |
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