



DISTRICT REQUEST FOR CONSULTANT SERVICES

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.	<input type="checkbox"/>	<input type="checkbox"/>	Has the letting date been established? If yes, provide date:
2.	<input type="checkbox"/>	<input type="checkbox"/>	Have right-of-way plans been submitted? If no, provide expected completion date:
3.	<input type="checkbox"/>	<input type="checkbox"/>	Has a field review of the plans (such as, septic, signs, etc.) been conducted, and plans checked for accuracy?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Are there any graves or gas, oil, or water wells impacted? If "yes," have they been spotted on the plans? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/>	<input type="checkbox"/>	Are the legal descriptions, cross sections, and pipe sheets available?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Has the Property Management Report been submitted and approved? Provide approval date, if applicable:

SECTION 2: SERVICES REQUESTED (Check all that apply.)

<input type="checkbox"/> Appraisal	<input type="checkbox"/> Acquisition	<input type="checkbox"/> Property Management (if applicable)
<input type="checkbox"/> Appraisal Review	<input type="checkbox"/> Relocation Assistance	

SECTION 3: WORK RETAINED BY DISTRICT (Check all that apply and provide corresponding number of parcels.)

	<input type="checkbox"/> Appraisals	<input type="checkbox"/> Acquisitions	<input type="checkbox"/> 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