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This may include, but is not limited to, one of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | 1. | | Describe the impact (costs and schedule) on the project if this acquisition is not approved *(Text is limited. Attach additional pages as needed.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | 2. | | Provide a monetary estimate of the cost of condemnation (if applicable) *(Text is limited. Attach additional pages as needed.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | **SECTION 3. SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **DISTRICT RIGHT OF WAY SUPERVISOR**  *(print name)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE SIGNED** | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  | |  |  | | |  |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  | |  |  | | |  |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  | |  |  | | |  |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  | |  |  | | |  |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  | |  |  | | |  |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  | |  |  | | |  |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  | |  |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | |  | | | | |