



KENTUCKY TRANSPORTATION CABINET
Department of Highways
DIVISION OF RIGHT OF WAY & UTILITIES
CERTIFIED INVENTORY

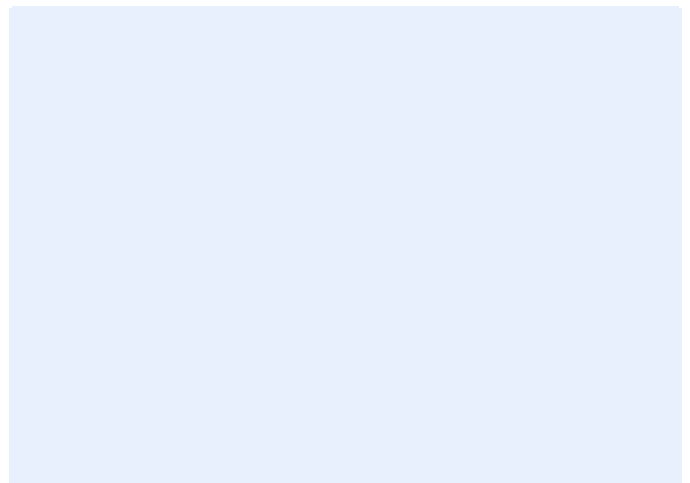
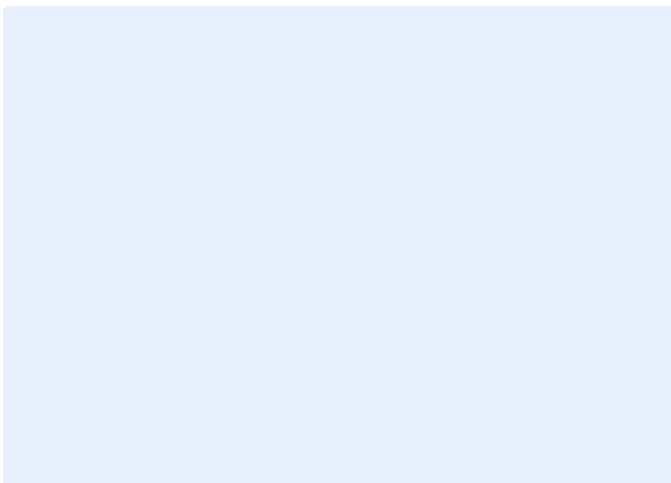
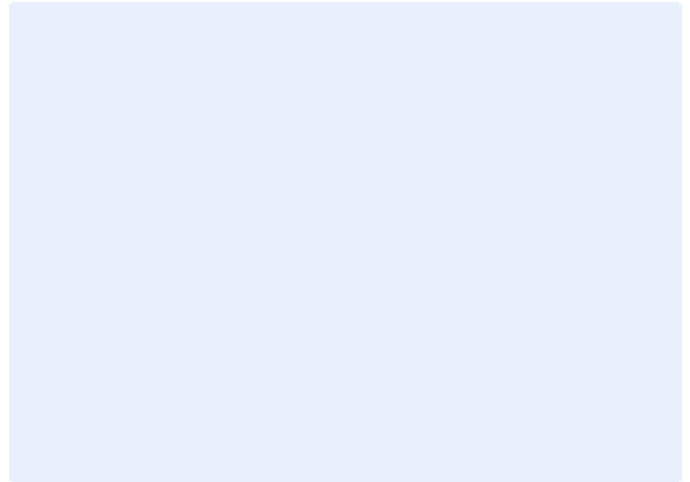
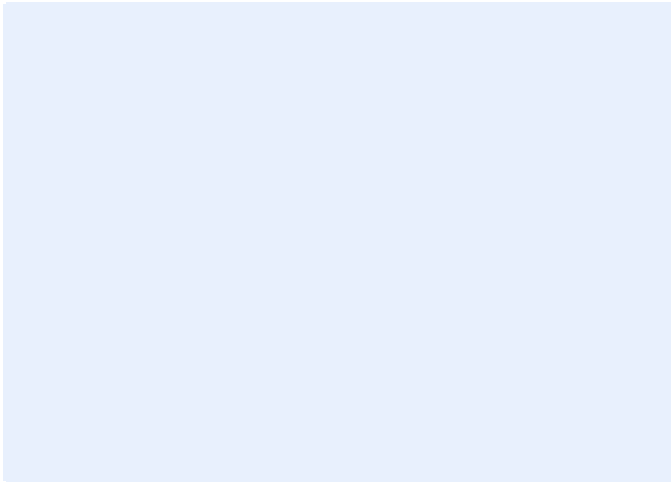
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COUNTY	ITEM NO.	PARCEL	NAME
PROJECT NO.	FEDERAL PROJECT NUMBER	PROJECT	
ORIGIN (Address)			DISTANCE
DESTINATION (Address)			

I certify the items listed herein are my personal property that all items must actually be relocated and I must certify that all items were actually moved to the above location to process my claim for payment. If at the time of the move the inventory deviates to any significant extent from this list, the agreed amount must be revised accordingly before payment can be made. I understand that any arrangement with a commercial mover is between me and the moving company, not the Transportation Cabinet. I further agree that the mover may submit the bill for this move directly to the Transportation Cabinet, Division of Right of Way for payment.

Displaced Person

Date





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