

CONSULTANT MONTHLY REPORT

CONSULTANT _____

COUNTY _____

ITEM NO. _____

PROJECT NUMBER _____

CH NO. _____

PROJECT DESCRIPTION:

DATE OF NOTICE TO PROCEED APPRAISALS _____

DATE OF NOTICE TO PROCEED NEGOTIATIONS _____

DATE OF NOTICE TO PROCEED RELOCATIONS _____

DATE OF NOTICE TO PROCEED PROJECT
MANAGEMENT _____

PROJECT COMPLETION _____

REPORT OF MONTHLY ACTIVITIES (SUBMISSIONS, ACTIONS NEEDED, ETC.):

CONSULTANT:

DEPARTMENT:

RECOMMENDED BY: _____
CONSULTANT

DATE _____

APPROVED BY: _____
KTC PROJECT MANAGER

DATE _____

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PAGE 2

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ITEM NO. _____

ACTIVITY	SCHEDULE		
	<u>CONTRACT</u>	<u>REVISED</u>	<u>ACTUAL</u>
II. RIGHT OF WAY ACQUISITION			
A. PUBLIC MEETING	_____	_____	_____
B. APPRAISALS AND APPRAISAL REVIEWS	_____	_____	_____
C. RELOCATION SERVICES	_____	_____	_____
D. NEGOTIATIONS	_____	_____	_____
E. PROJECT MANAGEMENT	_____	_____	_____
F. PROJECT CLOSEOUT	_____	_____	_____

HISTORY and PROJECT DOCUMENTATION