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| **SECTION 1: PROJECT INFORMATION** |
| **COUNTY** | **ITEM NO.** | **PARCEL** | **NAME** |
|       |       |       |       |
| **PROJECT NO.** | **FEDERAL NUMBER** | **PROJECT** |
|       |       |  |
| **SECTION 2: QUESTIONNAIRE** |

|  |
| --- |
| The Transportation Cabinet appreciates your response on how the appraisal phase of this process has been conducted. |
| [ ]  Yes | [ ]  No | Did the appraiser make an appointment? |  |  |  |  |  |  |  |  |
| [ ]  Yes | [ ]  No | Were you offered the opportunity to accompany the appraiser at the time of inspection? |  |  |
| [ ]  Yes | [ ]  No | Do you feel the appraiser spent enough time inspecting your property?  |  |  |
| [ ]  Yes | [ ]  No | Did the appraiser listen to your concerns and respond to them? |  |  |
| [ ]  Yes | [ ]  No | Did the appraiser adequately explain the effects of the acquisition on the property? |  |  |
| [ ]  Yes | [ ]  No | Did the appraiser furnish you the booklet, *Answers to Questions About Right of Way Acquisitions*? |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | How much time did the appraiser spend with you?      |
|  | What, if any, items concern you the most about this acquisition?      |
|  |
|  |
|  | Overall, how would you rate the way your appraisal was handled? (*Check one.*)[ ]  Poor [ ]  Fair [ ]  Good [ ] Excellent |
| **SECTION 3: ACKNOWLEDGEMENT AND SIGNATURE** |
|  | I acknowledge that I was contacted by an appraiser representing the Transportation Cabinet. |
|  | NAME (*appraiser*)      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **SIGNATURE** (*property owner*) |  | **DATE**      |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **PROPERTY OWNER: Your opinion is important. Please take a few minutes to complete this survey and return it in the postage paid envelope.** |

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