

KENTUCKY TRANSPORTATION CABINET Department of Highways DIVISION OF RIGHT OF WAY AND UTILITIES

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REQUEST FOR RELOCATION REVIEW/APPEAL

| COUNTY | ITEM NO. | PARCEL | | NAME | |
|--|----------------|--------|---------|------------------|-----------|
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| PROJECT NO. | FEDERAL NUMBER | | PROJECT | | |
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| Your request for a review of a relocation determination must be received by the Right of Way Supervisor in the location and by the date specified below. For assistance in filing your request contact the relocation agent indicated below. | | | | | |
| DATE REQUEST DISTRICT MUST BE RECEIVED NO. | | | ADDRESS | | PHONE NO. |
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| RIGHT OF WA | SUPERVISOR | | | RELOCATION AGENT | |
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| I request your review of my case concerning relocation assistance benefits for the following reasons: | | | | | |
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