Date: DATE

To: Name
                Street Address
                City, State, Zip

Subject: Item No. 00-0000.00; County Name
                Project Number; Federal Project Number
                Project Name
                Parcel No. 000
                Notice of Illegal Occupancy

Dear Occupant Name:

As occupants being displaced due to the acquisition of right of way by the Kentucky Transportation Cabinet, you may be eligible payments and services provided for in the Relocation Assistance Program. The payments available and the requirements to receive them are briefly outlined in the relocation booklet given to you. Certification of legal residency in the United States is a requirement of the program to receive relocation assistance benefits and services. Each displacee shall certify to the relocation agent his or her residency status. A person is not eligible for relocation benefits or services if he or she is not legally present in the United States or fails to provide the required certification. You have not been able to certify your being legally present in the United States and therefore are not eligible to receive relocation benefits and services.

You will not be required to move from your property in less than 90 days from this date. Before you are required to move, you will be given a 30-day written notice which will specify the date by which the property must be vacated.

These payments and the requirements to receive them are based on state and/or federal law. If you are not in agreement with the determination of your eligibility or the amount of payment, you may file an appeal. You will be furnished the necessary form and assistance in filing your appeal. The appeal should be directed to the Right of Way Supervisor in this District. If the appeal cannot be resolved by the Right of Way Supervisor, you may request your appeal be heard by the State Hearing Officer.

Should you have any questions or need further assistance, please contact me at the District Office at (000) 000-0000 or by email First.Last@KY.GOV.

Sincerely,

Agent Name
Relocation Agent
KYTC – District ## Office
Street Address
City, State, Zip