INSERT DATE

INSERT DISPLACEE NAME

INSERT DISPLACEE ADDRESS

**Relocation Assistance Program**

**Relocation Claim Determination**

Project Title: INSERT PROJECT TITLE

Parcel No.: INSERT PARCEL NO.

Displacee No.: INSERT DISPLACEE NO.

Dear INSERT DISPLACEE NAME:

The purpose of this letter is to provide relocation claim determination information. *Consideration of items to be included in this section:*

*When was claim submitted? State nature of claim/summary of claim. Is a portion of the claim eligible and the rest ineligible? Separate items as necessary. Is the entire claim ineligible? List the reason why claim is ineligible. Include appropriate WAC(s) and any other pertinent information.*

**Right to Appeal**

INSERT AGENCY APPEAL LANGUAGE

Please feel free to contact your relocation specialist with any questions you may have.

Sincerely,

INSERT SPECIALIST'S NAME

Relocation Specialist

INSERT AGENCY NAME

INSERT SPECIALIST'S ADDRESS

INSERT SPECIALIST'S PHONE NO. AND FAX NO.

INSERT SPECIALIST'S EMAIL ADDRESS