

RE-613  
5/3/2017

STATE OF OHIO  
DEPARTMENT OF TRANSPORTATION

County MUS  
Route 376  
Section 5.09  
Parcel No. 010-1  
PID No. 115989

RESIDENTIAL MOVE RECORD

Name of Displaced Person: Thomas Rodgers, Hope Miller  
Address of Replacement Dwelling: 0  
0  
Distance to be Moved: \_\_\_\_\_

List other areas from which personal property is to be moved:

\_\_\_\_\_

List personal property items which may require special handling:

\_\_\_\_\_

TYPE OF MOVE

Fixed Rate Schedule Move:

Unfurnished Rooms:

Number of Rooms: \_\_\_\_\_ Total Amount: \_\_\_\_\_  
Number of Additional Payrooms: \_\_\_\_\_ Total Amount: \$0.00

Furnished Rooms:

Number of Rooms: \_\_\_\_\_ Total Amount: \_\_\_\_\_  
Number of Additional Payrooms: \_\_\_\_\_ Total Amount: \$0.00

Justification for the need of additional payrooms (if more than 1 payroom, attach photos):

\_\_\_\_\_

TOTAL FIXED SCHEDULE MOVE: \$0.00

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Commercial Move:

	Moving Company Name	Amount	Date Rec'd
Whose Bid?		\$0.00	
Whose Bid?		\$0.00	
Whose Bid?		\$0.00	

MAXIMUM COMMERCIAL MOVE AMOUNT: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Actual Cost Self Move:

Labor Rate		Amt. of Hrs.		# of Laborers		Labor Cost
	X		X		=	\$0.00
Equipment #1		\$ per hr/day		hrs./days	=	Equipment Cost
	X		X		=	\$0.00
Equipment #2		\$ per hr/day		hrs./days	=	Equipment Cost
	X		X		=	\$0.00
Equipment #3		\$ per hr/day		hrs./days	=	Equipment Cost
	X		X		=	\$0.00
Misc. Item		\$ per unit		# of Units	=	Misc. Cost
	X		X		=	\$0.00

TOTAL ESTIMATED MOVE COST: \$0.00

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

TOTAL MOVE AMOUNT FOR THIS PARCEL: \$0.00