RE-613		STATE	E OF OHIO		County	MUS					
5/3/2017	DEPART	Route	376								
	RESI	Section Parcel No.	5.09 010-1								
		PID No.	115989								
	Name of Displaced Person:	Thomas Rod	lgers, Hope Miller								
	Address of Replacement Dwelling:	0	gers, riope winer	-							
	Distance to be Moved:	0									
List other	areas from which personal property is to	be moved:									
List perso	nal property items which may require sp	ecial handling	g.			ı					
					1 = -						
		TY	PE OF MOVE								
	Fixed Rate Schedule Move	•									
	Unfurnished Room										
	Onturnished Room		Number of Rooms:	Total Amount:	1.5						
		Number o	f Additional Payrooms:	Total Amount:	\$0.00						
	Furnished Rooms: Number of Rooms: Total Amount:										
		Number o	of Additional Payrooms:	Total Amount:	\$0.00	k 8					
	Justification for the need of additional payrooms (if more than 1 payroom, attach photos):										
					an feel salt						
Ę.											
	FAL FIXED SCHEDULE MOVE: \$0.00										
	Approved By:										
		7.5									
	Commercial Move:		Moving Company Name	Amount	Date Rec'd						
	Whose Bid? Whose Bid?	e hell lay	- G - B. C. B. 27K, 2007 ID - 28B, 470 FE	\$0.00 \$0.00	lar professor (#10.761						
	Whose Bid?			\$0.00							
	MAXIMUM CO	MMERCIA	L MOVE AMOUNT:								
				n II haan ee							
	Approved By:		Date:								
	Actual Cost Self Move:										
			W-07-1			and the share					
	Labor Rate X	Amt. of Hrs	s. # of Laborers X =	Labor Cost \$0.00							
	Equipment #1	\$ per hr/day		Equipment Cost							
	Equipment #2	\$ per hr/day	y hrs./days	\$0.00 Equipment Cost		A 7.0					
	Equipment #3	\$ per hr/day	X =	\$0.00 Equipment Cost							
	X		X ==	\$0.00							

Labor Rate		Amt. of Hrs.		# of Laborers		Labor Cost
in the same of the same of	X	III Jan San San San San San San San San San S	X		=	\$0.00
Equipment #1		\$ per hr/day		hrs./days		Equipment Cost
7 96554	X	HERODON . P. S	X	Walter Sales Victor	=	\$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