

RE-617-1
10/1/2014

STATE OF OHIO
DEPARTMENT OF TRANSPORTATION
RELOCATION ASSISTANCE PROGRAM
NON-RESIDENTIAL CLAIM FORM

County: MUS
Route: 376
Section: 5.090
Parcel No: 010-1P
PID No: 115989

Full Name of Claimant: Thomas Rodgers, Sr.

Address Moved From: 8895 Gaysport Road Address Moved To: 0
Blue Rock, OH 43720 0

WARNING - FALSE, FICTICIOUS OR FRAUDULENT STATEMENTS
MAY LEAD TO IMPRISONMENT OR FINES, OR BOTH

TYPE OF DISPLACEMENT: Personal Property

Type of Move: Schedule (P.P. Only)

If Fixed Payment: _____ 1st year net income: _____ 2nd year net income: _____

MOVE AMOUNT CLAIMED: \$ 800.00

Additional Payments:

Search (\$2,500.00 Max) \$ -
Remaining Life / Licenses & Permits \$ -
Obsolete Relettering Signs and Stationary \$ -
Storage Costs \$ -
Acutal Direct Loss of Tangible \$ -
Substitute Equipment \$ -
Other _____ \$ -
Other _____ \$ -

ADDITIONAL PAYMENTS AMOUNT CLAIMED: \$ -

Related Expenses:

Utilities from the R/W to Improvements \$ -
Professional Feasibility Studies \$ -
Impact Fees or One Time Assessments \$ -

RELATED EXPENSES AMOUNT CLAIMED: \$ -

RE-ESTABLISHMENT (\$25,000.00 MAX)

Repairs or Improvements Required by Code \$ -
Modifications to Accommodate the Business \$ -
Exterior Signage to Advertise the Business \$ -
Replacement of Worn Surfaces \$ -
Advertisement of Location \$ -
Increased Cost of Operation / 2 years \$ -

RE-ESTABLISHED AMOUNT CLAIMED: \$ -

AMOUNT BEING CLAIMED THIS DATE: \$ 800.00

The undersigned certifies that the amounts claimed herein represent actual costs incurred in the moving of personal property from the project, that such amounts are true and correct and supported by documentation furnished to the Department of Transportation as required under the rules of the Department. Further, as the Owner, Manager or Operating Officer, I certify that no owner of this business, farm or non-profit organization, is presnet in the United States unlawfully, and if incorporated, we are authorized to do business in the United States.

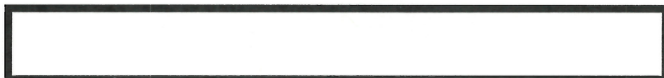
Date: 7/25/24 Signature: Amber L Heim

I hereby certify that the above named claimant is an eligible displaced person in accordance with the Rules and Regulations established by the Director, Ohio Department of Transportation, for the Administration of the Relocation Assistance Program and that the named claimant is entitled to the amount indicated above.

Date: 7/25/24 Signature: Amber L Heim

I certify that I have reviewed the file material and find that the amount(s) noted above is/are adequately supported. The claim form is approved for signing by the displaced person.

Reviewer Signature: _____ Title: _____ Date: _____



Payment indicated above to be assigned to:

Name: Thomas Rodgers, Jr
Address: 883 Goddard Street
City, State and Zip: Zanesville, OH