

COLORADO DEPARTMENT OF TRANSPORTATION MOVING PERSONAL PROPERTY UNDER \$3,000 - CLAIM	Project Code:
	Parcel No:
	Project No:
	Location:
	County:
Claimant's Name and Address (include City, State, Zip)	
Address where personal property is located if different than above	
Total Moving Costs: \$	
Inventoried items moved off right of way: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Claimant's Signature	Date:
Claimant's Signature	Date:
FEIN/SSN #	
I certify I have examined this claim and the Moving Personal Property Under \$3,000 – Relocation Determination (CDOT Form #1170) with substantiating documentation submitted in connection with this claim and have found it to conform to the applicable provisions of State Law.	
Authorized Region ROW Manager/Supervisor	Date: