NONRESIDENTIAL RELOCATION MANAGEMENT REPORT

HANDBOOK 1378 APPENDIX 22

PROJECT NAME AND NUMBER												Page of			
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	ADDRESS	NAME OF OCCUPANT(S)	(O)WNER (T)ENANT	TYPE OF OPERATION.	DATE OF ELIGIBILITY	DATE NOTICE OF ELIGIBILITY FOR RELO- CATION ASSISTANCE ISSUED	NUMBER OF REFERRALS	90-DAY NOTICE ISSUED	NOTICE TO VACATE ISSUED	DATE MOVED	A)CTUAU REESTABLISHMENT	(F)IXED	AMOUNT	CASE CLOSED	REMARKS
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