NONRESIDENTIAL RELOCATION MANAGEMENT REPORT

PROJECT NAME AND NUMBER _____ STATUS AS OF _____

CASE NUMBER	ADDRESS	NAME OF OCCUPANT(S)	(O)WNER (T)ENANT	TYPE OF OPERATION*	DATE OF ELIGIBILITY	DATE NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE ISSUED	NUMBER OF REFERRALS	☑ 90-DAY NOTICE ISSUED	☑ NOTICE TO VACATE ISSUED	DATE MOVED	MOVING EXPENSES			☑ CASE CLOSED	REMARKS
											(A)CTUAL/ REESTABLISHMENT	(F)IXED	AMOUNT		
													$		

* (B)USINESS
(N)ONPROFIT ORGANIZATION