**MOVE PAYMENT ONLY QUESTIONNAIRE** Wisconsin Department of Transportation

Unnumbered 04/2023

|  |  |
| --- | --- |
| Relocatee       | Address             |
| Phone Number | Email Address  |
| INVENTORY OF PERSONAL PROPERTY |
| **INDOORS** |  |
| **OUTDOORS** |  |
| **SPECIAL MOVE NEEDS** | Personal Property Requiring Special Move |       | Transportation/Traffic needs      | Location      |
| Estimated time needed for moving |       | Utility requirements      | Disposal requirements      |
| Special services required for moving       |
| ATTACH PICTURES AND OR LAYOUT OF PERSONAL PROPERTY INVENTORY |
| **COMMENTS** |  |
|  |
|  | X |
|  | Relocation Specialist Signature | Date |

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|  | Project ID      | Project Name      | County      | Parcel No.      |