**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. |