 **PROPERTY OWNERSHIP DATA** ITD 2009 (Rev. 03-16)

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| Key Number | Project Number | Project Location |
|       |       |       |
| Parcel Number | Parcel Identification Number |
|       |       |

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| **Section A – Parcel Owner Information** |
| Parcel Owner | E-Mail Address |
|       |       |
| Property Address | City | State | Zip Code |
|       |       |       |       |
| Mailing Address (If different from above) | City | State | Zip Code |
|       |       |       |       |
| Home Phone | Work Phone | Cell Phone | Services for Persons with Limited English Proficiency Needed |
| (     ) |       | (     ) |       | (     ) |       | [ ]  Yes [ ]  No |

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| **Section B – Relocation Consideration** |
| There are occupied improvements or personal property with the right-of-way | [ ]  Yes [ ]  No |
| **If "No", date and sign at the bottom of the page.** |
| If "Yes", mark all boxes that apply: | [ ]  Dwelling [ ]  Shed [ ]  Business |
|  | [ ]  Miscellaneous Personal Property [ ]  Sign(s) | #  |       |  |
| **If "Miscellaneous Personal Property" or "Sign(s)" is marked, complete lines 3, 4, and 5 in Section D** |
| A fixture inventory is required? | [ ]  Yes [ ]  No |

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| **Section C – Residential Property Only (complete for each separate occupant)** |
| Occupant Type (mark one) | Residential Type (mark one) |
| [ ]  Parcel Owner [ ]  Parcel Tenant | [ ]  Single Family [ ]  Multi-Family [ ]  Mobile Home |
| If Mobile Home, Displacee: | Owns Home [ ]  Yes [ ]  No | Owns Site [ ]  Yes [ ]  No |
| Head of Household | Home Phone Number | Work Phone Number | Gender | Race |
|       | (    ) |       | (    ) |       | [ ]  Male [ ]  Female |       |
| Mailing Address | City | State | Zip Code |
|       |       |       |       |
| Date Displacee Began Occupancy (mm/yy) | Total Number in Family |
|       |       |
| Comments: |
|       |

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| **Section D – Displaced Business/Nonprofit/Farm** |
| 1. Relocation Status | 2. Name of Operation | Type of Business |
| [ ]  Parcel Owner [ ]  Parcel Tenant |       |       |
| 3. Owner | Race | 4. Contact Person | Phone Number |
|       |       |       | (     ) |       |
| 5. Mailing Address | City | State | Zip Code |
|       |       |       |       |
| 6. Business is part of commercial enterprise having more than three other similar outlets | [ ]  Yes [ ]  No |
| 7. Preferred Location of Replacement and Any Other Comments |
|       |

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| --- | --- |
| Date | Interviewed By |
|       |       |