 **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 |
|  |  |