**RIGHT OF WAY AGENT REPORT**

| **Name:** | DISPLACEE(S) NAME | | | | | | | | | | | | **Project:** | | | PROJECT # | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | |
| **Property:** | | | DISPLACEE(S) PROPERTY ADDRESS | | | | | | | | | | **Code:** | | CODE | | **Parcel:** | | PARCEL # |
|  | | | | | | | | | | | | | | | | | | | |
| **Mailing:** | | DISPLACEE(S) MAILING ADDRESS | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Email Address:** | | | | | DISPLACEE EMAIL | | | | | | | **Telephone #** | | DISPLACEE PHONE | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Person Contacted** | | | | | | **Name:** | |  | | | | | | | **Date:** | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | **Time:** | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **Type of Relocation:** | | | | | | |  | | | | | |  | | | | | | |
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| **AUTHORIZATION OF ENTRY**  , , have been advised of  right to receive payment of the agreed-upon purchase price for the sale of property located at (the "Property") prior to the time that the State takes possession of the Property. Notwithstanding that right, and for and in consideration of securing the premises by the ,  hereby waive and relinquish the right to receive such prior payment, and hereby further relinquish all possessory rights to the Property.  have tendered keys to the Property to the , and hereby grant to employees, agents, representatives, contractors and subcontractors the right of possession of the Property for the purpose of conducting business therein and upon as required, up to and including asbestos testing and/or complete demolition. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **by** | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Displacee** | | | | | | | | | | **AGENT NAME, Right of Way Agent**  **AGENT PHONE AGENT EMAIL** | | | | | | | | | |