INSERT DATE

INSERT NAME

INSERT ADDRESS

**Relocation Assistance Program**

**Notice of Final Date to Claim Relocation Entitlements**

Project Title: INSERT PROJECT NAME

Parcel No.: INSERT PARCEL #

Displacee No.: INSERT DISPLACEE #

Dear INSERT NAME:

On INSERT DATE, a representative of the Washington State Department of Transportation provided you with a notice of your maximum relocation entitlements. According to our records, you vacated the site located at INSERT ADDRESS on INSERT DATE. **Your deadline to file all relocation claims is** **INSERT MONTH/YEAR.** Failure to meet the deadline will result in a loss of your relocation entitlements.

Please contact me for specific details, clarification, or any questions you may have.

Sincerely,

INSERT SPECIALIST'S NAME

Relocation Specialist

Real Estate Services

INSERT SPECIALIST'S ADDRESS

INSERT SPECIALIST'S PHONE AND FAX NUMBER

INSERT SPECIALIST'S E-MAIL ADDRESS