|  |  |  |  |
| --- | --- | --- | --- |
| Project No.: | enter text | Project ID: | enter text |
| Designation: | enter text | Parcel No.: | enter text |

Appraisal Supervisor, or agent, and telephone number: enter name and telephone #

**DEADLINE FOR PROPOSAL QUESTIONS**: choose date.

(NOTE: Questions and responses, if any, about the proposal will be sent to all RASP holders of record as of this date.)

**SUBMITTAL DEADLINE DATE:** choose date.

SUBMITTED BY:

|  |  |
| --- | --- |
| Name: enter text | Firm: center text |
| Address: enter text |  |
| City, State: enter text |  |
| Phone: enter text  |  |

ACKNOWLEDGEMENT AND AUTHORIZATION

|  |  |
| --- | --- |
| I hereby certify that I am the duly authorized representative of the: | enter name of representative  |