|  |  |  |  |
| --- | --- | --- | --- |
| **Relocatee:** | enter text | **Project No.:** | enter text |
| **Moved From:** | enter text | **Designation:** | enter text |
| **Moved To:** | enter text | **Parcel No.:** | enter text |
| **Distance Moved:** | enter text | **Telephone No.:** | enter text |

**Unfurnished Dwelling (Occupant owns furniture)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |  |  |  |  |
| Room | Room | Room | Room | Room | Room | Room | Room |  |  |  |  |
| $550 | $750 | $950 | $1,150 | $1,350 | $1,550 | $1,750 | $1,950 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

 enter text Rooms @ $200.00 = $ Amount

 MOVING ALLOWANCE $ Amount

**Furnished Dwelling**

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST ROOM | Amount |  | $amt |
| Amount | Additional Rooms @ $100.00 \ room |  | $amt |
| Moving Allowance | $amt |

**Moving Costs by Commercial Mover or Self-Move (Attach paid receipts and explain)**

|  |  |
| --- | --- |
| Moving Costs | $amt |

**Incidental Moving Expense (Explain, include paid receipts)**

|  |  |
| --- | --- |
| Enter Incidental Expenses |  |
| Incidental Moving Expenses | $amt |

**Storage Costs (Not to exceed (12) months, dates of storage)**

|  |  |  |
| --- | --- | --- |
| Personal Property Stored | Enter Property |  |
| Storage Costs | $amt |
| Total Moving & Storage Costs | $amt |

***ELECTRONIC SIGNATURE CONSENT***

*By my signature/typewritten name, I declare under penalty of perjury and the laws of the State of Montana that the foregoing is true and correct and contains no willful falsifications or misrepresentations.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature (Typed Name)** |  | **Date** |  | **Place of Signature (City, State)** |
|  |  |  |  |  |

MDT Relocation Agent