

Nebraska Department of Roads

Project: _____

Location: _____

Name: _____

Tract: _____

Address:

Mail To:

State of Nebraska

Department of Roads

R.O.W. Division

P.O. Box 94759

Lincoln, Nebraska 68509

Notification of Appeal

I request that the Relocation Assistance determination made by the Nebraska Department of Roads be reviewed.

The determination which was made is not adequate for the following reasons:

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting or typing. There are no margins, text, or other markings on the page.

Signature of Claimant:	Date:	Signature of Claimant:	Date:
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