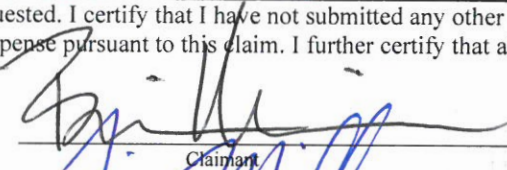
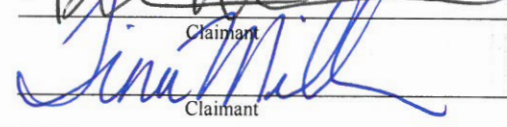
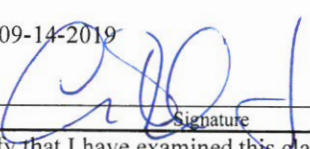
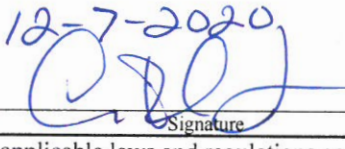

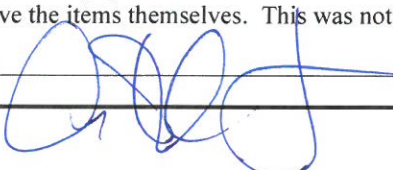


CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Brian Miller and Tina Miller	Parcel No.: 12	County: Williamson			
	Project: Corridor A-1 SE Loop				
	4. Occupancy of Property Acquired by County				
	From (Date): 02-01-2001		To (Date of Move): 12-01-2020		
2. Address of Property Acquired by County: 128 Estate Cove Hutto, Texas 78634	5. Controlling Dates		Mo.	Day	Yr.
	a. First Offer in Negotiations		09	14	2019
	b. Date Property Acquired		11	01	2019
	c. Date Required to Move		12	31	2020
Apt. No.:	6. Dwelling:(house, apartment, etc.)				
	<input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Tenant		<input type="checkbox"/> Furnished <input checked="" type="checkbox"/> Unfurnished		
3. Address Moved To: 5229 Orsini Bluffs Round Rock, Texas 78665	(1) Number of Rooms:		1		
	(2) Payment Schedule Amount		\$ 600.00		
	(3) Total Amount of Claim:		\$ 600.00		
	Apt. No.:				
7. Payment of this claim in the amount shown in Block 6 (3) is requested. I certify that I have not submitted any other claim for, or received reimbursement or compensation for, any item of expense pursuant to this claim. I further certify that all information shown above is true and correct.					
<div style="display: flex; justify-content: space-between;"> <div> <u>12/3/2020</u> Date of Claim </div> <div>  Claimant  Claimant </div> </div>					
Spaces Below to be Completed by County					
8. Type occupancy and number of rooms verified prior to move on:		9. Vacancy verified on:			
Date: 09-14-2019		Date: 12-7-2020			
By:  Signature		By:  Signature			
I certify that I have examined this claim and found it to conform to the applicable laws and regulations governing relocation assistance payments. I further certify the computation of the payment and the information as shown herein is correct.					
This claim is recommended for payment. This claim is recommended for payment as follows:					
Amount of \$ 600.00 <u>12-7-2020</u> Date		 Relocation Agent			
APPROVED					
_____ Date		_____ Williamson County Judge			

Breakdown of Room Count Claim

Print or Type All Information		
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room		
Dining Room		
Kitchen		
Family Room		
Bedroom		
Study	1	1
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage 2 car attached garage		
Storage Room		
Attic		
Utility Room		
Storage Building		
Total	1	1
<p>Remarks: (Where totals in the two columns differ by line item explain in "Remarks")</p> <p>This was a trophy room there were numerous animal mounts that requires special handling to be moved. The displacee chose to move the items themselves. This was not part of the Accurate Moving LLC or Liberty Safes moving costs.</p> <p>Signed </p>		

Moving Expense Schedules A & B

A. UNFURNISHED UNITS - Occupant owns furniture.

No. of Rooms	One	Two	Three	Four	Five
Amount	\$600	\$800	\$1,000	\$1,200	\$1,400
No. of Rooms	Six	Seven	Eight	Each Additional Room	-
Amount	\$1,600	\$1,750	\$1,900	\$150	-

B. FURNISHED UNITS - Occupant does not own furniture.

First Room	Each Additional Room
\$400	\$50

CERTIFICATION OF ELIGIBILITY

SE Loop (Corridor A-1)

Parcel: 12

Displacee: Brian Miller and Tina Miller

Individuals, Families and Unincorporated Businesses or Farming Operations

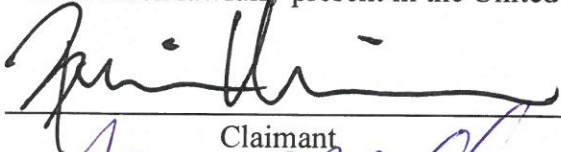
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

☒ Citizens or Nationals of the United States

or

☐ Aliens lawfully present in the United States

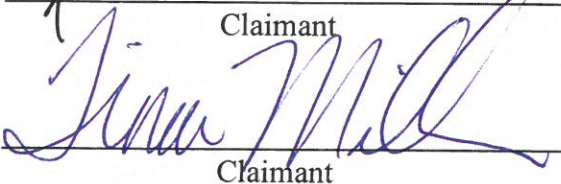
* If an Alien lawfully present in the United States, supporting documentation will be required.



Claimant

Date:

9/14/19



Claimant

Date:

9/14/19

Incorporated Business, Farm or Nonprofit Organizations

I certify that I have signature authority for this entity and such entity is lawfully incorporated under the applicable state's laws and authorized to conduct business within the United States.

Claimant

Date: