CLAIM FOR ACTUAL MOVING EXPENSES

Control of the Contro			Print or 7	Гуре All Information	
1. Name of Claimant(s)				Parcel No: 13	County: Williamson
Angela+Mario Avogaro					Project: Corridor H/Sam Bass Rd
	it #E26				
2. Address of Property Acquired by Williamson County: 4700 Sam Bass Road Round Rock, Texas 78681			ity:	3. Address Moved To: 500 County Ro Round Rock,	ad 117 TX 78665
Claimant's Telephone No.: 5					
4. Occupancy of Property Acquired by Williamson County: From (Date): To (Date of Move): 12/30/2021			•	5. Distance Moved: Miles 7. Mover's Name and Address: Self-Move based off approved fee schedule	
Owner/Occupa 6. Controlling Dates	Mo.	Tenant Day	Yr.	BOAT	ee schedule
a. First Offer in Negotiation	05	11	2020	9. Amount of Claim:	
b. Date Property Acquired	05	29	2021		
c. Date Required to Move	11-	30	2021	Moving Expenses	\$300.00
8. Property Storage (attach explain From (Date): N/A To (Date of		//A		Total Amount	\$300.00
Place Stored (Name and Address): N/A					
10. Temporary Lodging (attach of From (Date): N/A To (Date of					
11. All amounts shown in Block 9 were necessary and reasonable and are supported by attached receipts. Pay of this claim is requested. I certify that I have not submitted any other claim for, or received reimbursement for, an item of expense in this claim, and that I will not accept reimbursement or compensation from any other source for any item of expense paid pursuant to this claim. I further certify that all property was moved and installed at the address shown in Block 3, above, in accordance with the invoices submitted and agreed terms of the move and that all information submitted herewith or included herein is true and correct. Date of Claim Signature Claimant Signature Claimant					
	Sr	oaces Belov	w to be Co	ompleted by Williamson County	
I certify that I have examined this claim and substantiating documentation attached herewith and have found it to be true and correct and to conform with the applicable provisions of State law. All items are considered to be necessary reasonable expenses and this claim is recommended for payment as follows: Amount of \$ 300.00					
Date Relocation Agent					
					x 4,
Date				Williamson Cour	nty Judge

	Displacee Name	Angela Avogaro
	Unit Number	E26
	Comments:	
Buehler		
cost per each		2
\$250.00		et
\$250.00		
\$250.00		m .
\$300.00		
\$500.00		
\$400.00		
\$450.00		
\$450.00		
\$400.00		
\$950.00		
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	\$250.00 \$250.00 \$250.00 \$250.00 \$300.00 \$500.00 \$400.00 \$450.00	\$250.00 \$250.00 \$250.00 \$250.00 \$300.00 \$500.00 \$400.00 \$450.00 \$450.00 \$450.00 \$350.00

CERTIFICATION OF ELIGIBILITY

Project Sam Bass Road Parcel: 13	
Tenant Name: Angela + Mario Avoc	aro
Unit/Space #: \E2Co	
Individuals, Families and Unincorpora	ted Businesses or Farming Operations
I certify that myself and any other party(ies) with a fi are either:	nancial interest in this relocation assistance claim
Citizens or National	ls of the United States
	or sent in the United States
* If an Alien lawfully present in the United States, su	pporting documentation will be required.
Signature	Date: 02/01/2022
My Signature	Date: 2/1/22
Incorporated Business, Farm	or Nonprofit Organizations
I certify that I have signature authority for this entity applicable state's laws and authorized to conduct bus	
N/A	
Claimant	Date:

PLEASE COMPLETE, SIGN, DATE AND RETURN

Contact Notes

Project Corridor H/Sam Bass Road Parcel 13

Unit <u>#</u>	E26		
Name _	Angela Avogaro		-
Phone _	2		_
Email		n et	

Date	Comments	
10-30-2021	21 Sent email asking for response to July relocation letter.	
	No Response	
01-21-2022	Received email from Angela Avogaro regarding relocation reimbursement for moving her personal property boat from Sam Bass Storage.	
	I called her and left her a message to call me and I would explain project and relocation	
	process.	
01-05-2022	Move Verified	
	Prepared claim documents and sent to Ms. Avogaro for signature.	
06-10-2022	Sent final notice to tenant to submit claim	
08-15-2022	Signed claim forms returned	
08-16-2022	Sent claim to Sheets and Crossfield for approval and payment.	