


CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) Michael Shawn Toops		Parcel No: 333	County: WILLIAMSON	
			Project: FM 2243/HERO WAY	
<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sign <input checked="" type="checkbox"/> Other Personal Property				
2. Address of Property Acquired by Williamson County: 3499 HERO WAY LEANDER, TX 78641 Claimant's Telephone No.:		3. Address Moved To: [REDACTED]		
4. Occupancy of Property Acquired by Williamson County: From (Date): Sep 3, 2025 To (Date of Move): Sep 3, 2025		5. Distance Moved: 6 Miles		
<input checked="" type="checkbox"/> Owner/Occupant <input type="checkbox"/> Tenant		7. Mover's Name and Address: SELF MOVE		
6. Controlling Dates		9. Amount of Claim:		
a. First Offer in Negotiation	Mo. 11	Day 07	Yr. 2023	a. Moving Expenses \$ 420.00
b. Date Property Acquired	04	29	2025	b. Reestablishment Expenses \$
c. Date Required to Move	06	07	2025	c. Searching Expenses \$
8. Property Storage (attach explanation) From (Date): To (Date of Move): N/A				d. Tangible Property Loss \$
Place Stored (Name and Address):				e. Storage \$
10. Temporary Lodging (attach explanation) From (Date): To (Date of Move): N/A				f. <u>Temporary Lodging</u> \$
				g. Total Amount \$ 420.00
11. All amounts shown in Block 9 were necessary and reasonable and are supported by attached receipts. Payment 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. <u>Michael Shawn Toops</u> <small>Michael Shawn Toops (Sep 3, 2025 15:16:10 CST)</small> _____ Claimant Date of Claim: Sep 3, 2025 _____ Claimant				
Spaces Below to be Completed 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 \$ 420.00 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 09/04/2025 _____ Date </div> <div style="width: 45%; text-align: center;">  _____ Relocation Agent </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="width: 45%;"> _____ Date </div> <div style="width: 45%; text-align: center;"> _____ Williamson County Judge </div> </div>				

RIGHT OF WAY OF TEXAS, LLC

3411 SAM BASS ROAD, ROUND ROCK, TEXAS 78681
(O) (512) 372.6220

DATE: August 28, 2025

TO: Lisa Dworaczyk, Sheets and Crossfield

FROM: Mike Knott, Right of Way of Texas

SUBJECT: Relocation – Actual Moving Expenses

Project: Williamson County: FM 2243/Hero Way

Parcel: 333

Forms and Documentation Included:

- Claim Form for Actual Moving Expenses
- Certification of Eligibility
- Release of Property
- IRS Form W-9
- Timesheet (documenting labor hours)
- Copies of Payment Checks to Movers
- Personal Property Displacement Photos
- Vacancy Photos
- Photos of Relocated Personal Property

REMARKS

On behalf of **Mr. Shawn Toops**, former owner of Parcel 333, this submission requests reimbursement for **Actual Moving Expenses** associated with a self-move of personal property. Mr. Toops completed the move using non-commercial labor and submitted a detailed timesheet reflecting **12 total labor hours** performed at the rate of **\$35 per hour**, for a total of **\$420.00**. The breakdown of tasks is as follows:

- **1 hour** – pick up trailer and travel.
- **4 hours** – load trailer, travel to storage location, unload, and return.
- This sequence required **two trips**, totaling **10 hours of labor**.
- **1 hour** – return of trailer and truck.

Labor was performed by **two individuals**, for a total of **6 hours each**, at \$35.00 per hour. Each mover was paid **\$210.00 by check**, with copies of checks provided as proof of payment.

The attached documentation includes the completed claim form, eligibility certification, release of property, IRS W-9, timesheet, copies of checks, and photographic evidence of displacement, vacancy, and relocated personal property.

These expenses represent **actual, necessary moving costs** incurred in connection with displacement under the Relocation Assistance Program and are submitted for reimbursement review.

If you have any questions or need additional information, please do not hesitate to contact me at **(512) 903-5083**.

CERTIFICATION OF ELIGIBILITY

Project: FM 2243/Hero Way
Parcel: 333

Displacee: Shawn Toops

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.

Michael Shawn Toops
Michael Shawn Toops, Sep 3, 2025 15:16:10 CDT

Claimant

Date: Sep 3, 2025

Claimant

Date:

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.

N/A

Claimant

Date:

RIGHT OF WAY OF TEXAS, LLC

3411 SAM BASS ROAD, ROUND ROCK, TEXAS 78681
(O) (512) 372.6220 (F) (512) 372.6221

PROJECT: FM 2243/Hero Way
PARCEL: 333
COUNTY: Williamson

RELEASE OF PROPERTY

This is to notify Williamson County that Shawn Toops has vacated the property described as parcel 333 on the above referenced project, and relinquishes all rights to the property, real or personal, left on this parcel.

Michael Shawn Toops

Michael Shawn Toops (Sep 3, 2025 13:16:10 CDT)

Displacee Signature

Michael Shawn Toops

Displacee Name, Printed

Sep 3, 2025

Date

PROJECT
ROADWAY
PARCEL

PROJECT 3399 HERO WAY
ROADWAY
PARCEL
Name: SHAWN TORRES

Total Hours
Rate Per Hour
Total Pay

By my signature below I certify that the time and hourly rate shown above is true and correct

Signature:

12
35
1/20, 