

# Sheets & Crossfield, P.L.L.C.

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## ATTORNEYS AT LAW

309 East Main Street • Round Rock, TX 78664-5246

Phone 512-255-8877 • Fax 512-255-8986

### Request for Check

Project Name: WMCO- CR 176

Legal description:

Parcel 5 - Relocation Claim

Name on Check:

Eagle Towing & Recovery, Inc.

SSN#:

90-0642717

Mailing Address:

P.O. Box 1848

Georgetown, TX 78627

Amount of Check:

\$1,380.00

Date to Pick Up Check:

9/21/2021

Requested by:

*Meghan Drone*

Date: 9/14/2021

Meghan Drone

Sheets & Crossfield, P.C.

Approved by:

*Bill Gravell Jr.*  
Bill Gravell (Sep 15, 2021 07:51 CDT)

Date: 9/14/2021

Bill Gravell Jr., County Judge

Williamson County

# Memo

Date: August 30, 2021

Project: County Road 176

To: Don Childs, Sheets & Crossfield, P.C.

From: Rhonda Young, R/W-RAC, Relocation Agent, HDR Engineering, Inc.

Subject: Parcel 5 Direct Payment to Vendor Request

Please find below, the request for Direct Payment to Vendor request, in the amount of \$1,380.  
Enclosed are the following documents:

- Certification of Eligibility
- Actual Cost Move Claim Form
- Direct Payment to Vendor Form
- W-9 Form

Should any additional information be needed to process this request, please contact me at 512-685-2971 or by email at [Rhonda.young@hdrinc.com](mailto:Rhonda.young@hdrinc.com).

## CERTIFICATION OF ELIGIBILITY

Highway: CR 176

Parcel: 5

Displacee: Thomas D. Diaz, III and Melissa R. Sharpe-Diaz

### Individuals, Families and Unincorporated Businesses or Farming Operations

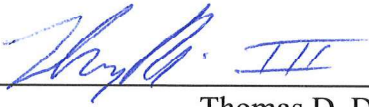
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

☒ Citizens or Nationals of the United States

or

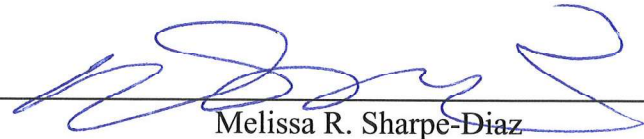
☐ Aliens lawfully present in the United States

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



Thomas D. Diaz, III

Date: 2/9/18



Melissa R. Sharpe-Diaz

Date: 2/9/18

### 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: \_\_\_\_\_

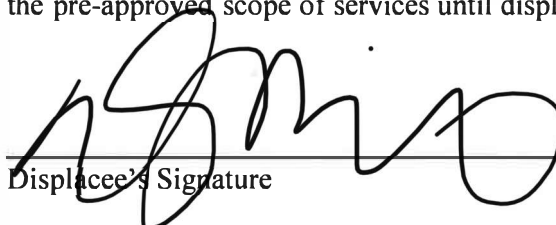
## CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) Thomas D. Diaz and Melissa R. Sharpe-Diaz		Parcel No: 5		County: Williamson
		ROW CSJ: N/A		Project No.: N/A
<input checked="" type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sign <input type="checkbox"/> Other				
2. Address of Property Acquired by State: <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>		3. Address Moved To: <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>		
Claimant's Telephone No.: <div style="background-color: black; width: 50px; height: 15px; display: inline-block;"></div>				
4. Occupancy of Property Acquired by State: From (Date): 2013      To (Date of Move): 8/20/21		5. Distance Moved: 25 Miles		
<input checked="" type="checkbox"/> Owner/Occupant <input type="checkbox"/> Tenant		7. Mover's Name and Address: Eagle Towing & Recovery, Inc. 2305 W Howard Ln Austin, TX 78728		
6. Controlling Dates	Mo.	Day	Yr.	
a. First Offer in Negotiation	10	12	2017	
b. Date Property Acquired	10	23	2018	
c. Date Required to Move	11	26	2018	
8. Property Storage From (Date): N/A    To (Date of Move): N/A		9. Amount of Claim:		
Place Stored (Name and Address): N/A		a. Moving Expenses      \$1,380		
		b. Reestablishment Expenses      \$N/A		
		c. Searching Expenses      \$N/A		
		d. Tangible Property Loss      \$N/A		
		e. Storage      \$N/A		
		f. Temporary Lodging      \$N/A		
10. Temporary Lodging (attach explanation) From (Date): N/A    To (Date of Move): N/A		g. Total Amount      \$1,380		
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.				
<div style="text-align: center;">             _____            Thomas D. Diaz         </div> <div style="text-align: center; margin-top: 20px;">             _____            Melissa R. Sharpe-Diaz         </div>				
Date of Claim: 8/30/21				
Spaces Below to be Completed by State				
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 \$ 1,380				
Date 8/30/21				
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>             Bill Gravell (Sep 15, 2021 07:51 CDT)         </div> <div style="border-bottom: 1px solid black; width: 150px; margin-left: 20px;"></div> </div>				
Approved by:				

**AGREEMENT FOR DIRECT PAYMENT TO VENDOR**

County: Williamson  
Highway: CR 176  
Parcel: 5

The undersigned displacee hereby agrees that payment for relocation services identified on the attached scope of work will be made to Darryl Flood Workplace Services. This agreement is void without a signed scope of work attached. Sheets & Crossfield, P.C. reserves the right and responsibility of determining the "reasonable and necessary" charges for the move as is customary in the industry. Darryl Flood Workplace Services understands anything not included in the attached scope of work must be pre-approved by Sheets & Crossfield, P.C. in order to ensure its eligibility for reimbursement. Vendor understands that the Sheets & Crossfield, P.C. will not be able to make any reimbursements for the pre-approved scope of services until displacee authorizes release of the payment.

  
Displacee's Signature

6/8/2021

Date

Melissa Sharpe Diaz

Displacee's Name (Printed)

  
Vendor's Signature

Date

Vendor's Name (Printed)



Sheets &amp; Crossfield, P.C. Signature

6/8/2021

Date

Lisa Dworaczyk

Sheets &amp; Crossfield, P.C. Name (Printed)