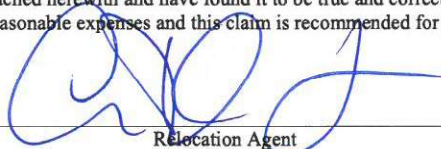


## CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) <b>Christian Collier</b>		Parcel No: 13	County: Williamson	
			Project: Corridor H/Sam Bass Rd	
<input checked="" type="checkbox"/> Individual Storage Unit #E33				
2. Address of Property Acquired by Williamson County: 4700 Sam Bass Road Round Rock, Texas 78681  Claimant's Telephone No.: (512)470-7127			3. Address Moved To: <b>3019 N IH 35</b> Round Rock, TX 78664	
4. Occupancy of Property Acquired by Williamson County: From (Date): <b>2018</b> To (Date of Move): <b>12/2022</b> <input type="checkbox"/> Owner/Occupant <input checked="" type="checkbox"/> Tenant			5. Distance Moved: <b>8</b> Miles	
6. Controlling Dates			7. Mover's Name and Address:  <b>Self-Move based off approved fee schedule</b> <b>BOAT</b>	
	Mo.	Day	Yr.	
a. First Offer in Negotiation	05	11	2020	
b. Date Property Acquired	05	29	2021	
c. Date Required to Move	11	30	2021	
8. Property Storage (attach explanation) From (Date): N/A To (Date of Move): N/A			9. Amount of Claim:	
Place Stored (Name and Address): N/A				
10. Temporary Lodging (attach explanation) From (Date): N/A To (Date of Move): N/A				
			Moving Expenses	\$300.00
			<b>Total Amount</b>	<b>\$300.00</b>
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.				
<p style="text-align: center;"><i>Christian Collier</i> Signature Claimant</p> <p>Date of Claim: <b>1/23/2022</b></p> <p style="text-align: center;"><i>Christian Collier</i> Signature Claimant</p>				
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 \$ 300.00				
<b>1-24-2022</b> Date		Relocation Agent		
Date		<b>Bill Gravell Jr.</b> Bill Gravell (Feb 1, 2022 13:09 CST) Williamson County Judge		

<b>Parcel 13 Sam Bass Road</b>			<b>Displacee Name</b> <u>Chris Collier</u>
Tenant Personal Property Relocation Estimate			<b>Unit Number</b> <u>E33</u>
Type of Property	Buehler		<b>Comments:</b>  [REDACTED] 7 [REDACTED] n
	cost per each		
Passenger Vehicles	\$250.00		
Covered Trailers	\$250.00		
Flatbed Trailers	\$250.00		
<b>Various Boats with Trailers</b>	<b>\$300.00</b>		
Motorhome Bus	\$500.00		
Motorhome	\$400.00		
Box Truck	\$450.00		
Food Truck	\$450.00		
Travel Trailers All Sizes	\$400.00		
8' X 8' Storage Bins (contents only)	\$850.00		
Slide in Truck Camper	\$350.00		
Office Trailer	\$650.00		

## CERTIFICATION OF ELIGIBILITY

Project Sam Bass Road  
Parcel: 13

Tenant Name: Christian Collier

Unit/Space #: E33

### 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.

*Christian Collier*

\_\_\_\_\_  
Signature

Date: 11/5/2021

\_\_\_\_\_  
Signature

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:

**PLEASE COMPLETE, SIGN, DATE AND RETURN**

