# CLAIM FOR ACTUAL MOVING EXPENSES

**Print or Type All Information**

| | | |
|---|---|---|
| 1. Name of Claimant(s)<br>Josh Koenig | Parcel No: 34<br>Project: CR 255 | County: Williamson |

☐ Residence ☐ Business ☐ Farm ☐ Nonprofit ☐ Sign ☒ **Other, Personal Property**

| | |
|---|---|
| 2. Address of Property Acquired by State:<br>2601 CR 255<br>Georgetown, Texas 78633<br><br>Claimant's Telephone No.: 512-630-1124 | 3. Address Moved To:<br>Remainder<br>2601 CR 255<br>Georgetown, Texas 78633 |
| 4. Occupancy of Property Acquired by State:<br>From (Date): 03-31-2020 To (Date of Move): 02-20-2025<br>☒ Owner/Occupant ☐ Tenant | 5. Distance Moved: 50 yards<br>7. Mover's Name and Address:<br>Owen Metal Buildings<br>4809 FM 580E<br>Kempner, Texas 76539<br>512-921-1495 |

| 6. Controlling Dates | Mo. | Day | Yr. |
|---|---|---|---|
| a. First Offer in Negotiation | 06 | 29 | 2023 |
| b. Date Property Acquired / Possession | 11 | 01 | 2024 |
| c. Date Required to Move | 01 | 04 | 2024 |

8. Property Storage (attach explanation)
From (Date): To (Date of Move): **N/A**

Place Stored (Name and Address):
N/A

10. Temporary Lodging (attach explanation)
From (Date): To (Date of Move): **N/A**

| 9. Amount of Claim: | |
|---|---|
| a. Moving Expenses | $650.00 |
| b. Reestablishment Expenses | $ |
| c. Searching Expenses | $ |
| d. Tangible Property Loss | $ |
| e. Storage | $ |
| f. Temporary Lodging | $ |
| **g. Total Amount** | **$650.00** |

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.

Claimant

Date of Claim: 2/25/25

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 $650.00

2-26-2025
Date

Relocation Agent

Date

Bill Gravell Jr.
Bill Gravell (Mar 4, 2025 20:59 CST)

Williamson County Judge

# RIGHT OF WAY OF TEXAS, LLC

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


February 26, 2025

TO: Lisa Dworaczyk, Sheets and Crossfield

FROM: Danny Jackson, Right of Way of Texas

SUBJECT: Move Claim Personal Property Address Marker

Williamson County
County Road 255
Parcel 34
Josh Koenig

**Forms included with this submission include:**

Move Claim Actual Cost Moving
Paid Invoice From Owen Metal Buildings
W-9 Josh Koeing
Certificate of Eligibility
Move Estimate
Replacement Pictures
Vacancy Pictures
Displacement Pictures
90-day relocation letter
30-day relocation letter

REMARKS

This move claim is for the moving of the personal property address marker from parcel 34 on County Road 255.

We have verified that this move is completed and recommend payment.

If you have any questions or need any additional information, please do not hesitate to call me at 512-922-5930.

# RECEIPT

OWEN
METAL BUILDINGS

**Jim Owen (512) 921-1495**
**Mike Owen (512) 590-4075**
4809 FM 580 E
Kempner, TX 76539

DATE: FEBRUARY 24, 2025

**TO:**
Josh Koenig
Gtxkoenig94@gmail.com

| DESCRIPTION | | Total |
|---|---|---|
| | | |
| 220' pipe and wire | | $3850.00 |
| Moving rock address marker | | $650.00 |
| | TOTAL PAID VIA VENMO | **$4500.00** |

Thank you for your business!

Verified & Paid
2-24-2025

# CERTIFICATION OF ELIGIBILITY

Project: CR 255
Parcel: 34

Displacee: Josh Koenig

**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.

Josh Koenig
Claimant

Date: 8/25/25

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:

RAFTER M UNLIMITED SERVICES
GEORGETOWN, TEXAS

# Invoice

| Date | Invoice # |
|---|---|
| 2/5/2025 | 24-276 |

Move Estimate

P.O. Box 5076
Georgetown, TX 78627
512-818-1669
amyminze@raftermunlimited.com

Bill To

Josh Koenig
2610 CR 255
Georgetown, Texas 78633

| PM | Project Address | Project Name |
|---|---|---|
| | | 2610 CR 255 |

| Description | Qty | Rate | Amount |
|---|---|---|---|
| Relocate Address Boulder | 1 | 650.00 | 650.00 |

| | |
|---|---|
| **Total** | $650.00 |
| **Payments/Credits** | $0.00 |
| **Balance Due** | $650.00 |