



**Iowa Department of Transportation**  
OFFICE OF RIGHT OF WAY - RELOCATION

**ESTIMATED COST OF SELF-MOVE OF  
PERSONAL PROPERTY**

County \_\_\_\_\_  
Project No. \_\_\_\_\_  
Parcel No. \_\_\_\_\_

Persona Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Location of person to be moved \_\_\_\_\_

Replacement location for person \_\_\_\_\_

Proposed move  
date \_\_\_\_\_

Items to be moved (attach additional sheet if necessary)

\_\_\_\_\_

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**Estimated costs:**

Lump sum Agent's estimate: \$ \_\_\_\_\_

If \$1,501 or more:

**EQUIPMENT**

_____	, _____ hours	@ \$_____ /hours	= \$_____
_____	, _____ hours	@ \$_____ /hours	= \$_____

**LABOR**

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_____ persons	@ \$_____ /hr	x _____ hrs	= _____
_____ persons	@ \$_____ /hr	x _____ hrs	= _____

I concur with the above inventory and estimated cost.

\_\_\_\_\_  
Relocatee

\_\_\_\_\_  
Date

Submitted by:

\_\_\_\_\_  
Right of Way Advisor

\_\_\_\_\_  
Date