EXHIBIT 6-R

NONRESIDENTIAL RELOCATION MANAGEMENT REPORT

PROJECT NAME AND NUMBER: _____ **STATUS AS OF:** _____ Page ____ of ____

Case Number	Address	Name of Occupant(s)	(O)wner (T)enant	Type of Operation*	Date of Eligibility	Date Notice of Eligibility for Relocation Assistance Issued	Number of Referrals	☑ 90-Day Notice Issued	☑ Notice to Vacate Issued	Date Moved	Moving Expenses			☑ Case Closed	Remarks
											(A)ctual Reestablishment	(F)ixed	Amount		
													$ -		

* **B** = Business
N = Nonprofit Organization