

RELEASE OF DAMAGES
This information required by P.A. 286 of 1964.

The Grantors _____

acknowledge that they _____ from the Michigan Department of Transportation, whose address is 425 West Ottawa Street, P.O. Box 30050, Lansing, MI 48909, the sum of _____ in full settlement of all damages and future claims resulting from _____ in conjunction with the improvement of _____^Ê of _____ County of _____ State of Michigan.

Signed this _____ day of _____, 20____

Witness

Grantor

Witness

Grantor

Witness

Grantor

CONTROL SECTION	PARCEL NUMBER	NAME
JOB NUMBER	FEDERAL ITEM NUMBER	FED PROJECT NUMBER