

# PRELIMINARY INTERVIEW

1. OWNER(S) OF RECORD AND ADDRESS		2. DATE OF INTERVIEW
4. PROPERTY ADDRESS (If address is different from above)		3. INTERVIEWED BY
5. PARTY INTERVIEWED	6. INTEREST	7. IS THIS YOUR PRIMARY RESIDENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. IS THE OWNER OR LAND CONTRACT PURCHASER AN MDOT EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. ARE THE OWNER(S)/TENANT(S) US CITIZENS OR ALIEN(S) LAWFULLY PRESENT IN THE US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. OWNER PHONE	11. ALTERNATIVE NUMBER	12. BEST TIME TO CONTACT OWNER:
13. E-MAIL ADDRESS		

**Please inform the Interviewee** – Accommodations under the Americans with Disabilities Act will be provided if requested by the owner, the tenant or their representative.

TITLE, LAND & PLAN DATA	ENVIRONMENTAL DATA
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**14. Are Parties of Interest correct on Title Evidence?**  Yes  No, explain:  
\_\_\_\_\_

**15. Is Marital Status correct?**  Yes  No, explain:  
\_\_\_\_\_

**16. Is all contiguous property or property impacted by acquisition identified on title evidence/plans?**  
 Yes  No, explain:  
\_\_\_\_\_

**17. Area of total ownership:**  
\_\_\_\_\_ x \_\_\_\_\_ Acres \_\_\_\_\_ Sq. Feet \_\_\_\_\_

**18. Is there a :**  
Mortgage?  Yes  No Date \_\_\_\_\_  
Refinance  Yes  No Date \_\_\_\_\_  
Land Contract?  Yes  No Date \_\_\_\_\_  
Lease in Writing?  Yes  No  
Billboards?  Yes  No  
Contact(s) for above:  
\_\_\_\_\_  
\_\_\_\_\_

**19. Are all improvements and signs within or near the right of way accurately shown on the plans?**  
 Yes  No, explain:  
\_\_\_\_\_

**20. Building Information:**  
 House  Mobile  Apt.  Bus.  Farm  
 1 story  1 ½ Story  2 story  Other,  
describe:  
\_\_\_\_\_

**21. Outbuildings:** \_\_\_\_\_

**22. Water:**  
 None  Public Water  Well, how many? \_\_\_\_\_  
Location of well: \_\_\_\_\_

**23. Sewage Disposal:**  
 None  Public Sewer  Septic System, how many? \_\_\_\_  
Location of Septic: \_\_\_\_\_

**24. Are there any underground improvements?**  
 Yes  No  
(i.e. drain tile, sprinklers, etc.) If yes, describe:  
\_\_\_\_\_  
Are they in the proposed ROW?  Yes  No

**25. Are there above ground storage tanks?**  Yes  No  
If yes, are they currently being used?  Yes  No  
What Do or Did they store? \_\_\_\_\_  
Location: \_\_\_\_\_

**26. Are there underground storage tanks?**  Yes  No  
If yes, are they currently being used?  Yes  No  
What Do or Did they store? \_\_\_\_\_  
Location: \_\_\_\_\_

**27. Has the property been used for anything other than its present use, i.e. orchard, gas station, dumping of debris?**  
 Yes  No If yes, describe type and location:  
\_\_\_\_\_

**28. Is the property enrolled in:**  
The Farmland/Open Spaces Preservation Act of 1974 (PA 116)?  Yes  No  
Listed under the Commercial Forest Act 94 of 1925, as amended  Yes  No  
 Other: \_\_\_\_\_

CONTROL SECTION	JOB NO.	PARCEL	NAME
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**RESIDENTIAL OWNER/TENANT**

**BUSINESS**

**29. Type of Housing:**  
 House  Mobile  Multi-unit  Condo  
 Other \_\_\_\_\_

**30. Is this a Seasonal Dwelling?**  
 Yes – # of months occupied out of the year? \_\_\_\_  
 No

**31. Total # of Rooms** \_\_\_\_\_

**32. No. of Bedrooms:** \_\_\_\_ **33. No. of Bathrooms:** \_\_\_\_

**34. Sq. Footage of Dwelling:** \_\_\_\_\_

**35. Date first occupied:** \_\_\_\_\_

**36. No. in Family:** \_\_\_\_\_ **36. No. of Parents:** \_\_\_\_\_

**37. Children:** Sex # Ages

F		
M		

**38. Other Occupants** (besides children or parents listed above)

Name	Age	Relationship

**47. Type of Occupancy:**  Owner  Tenant

**48. Years in Operation** \_\_\_\_\_

**49. Type of Operation:**  
 Business Name: \_\_\_\_\_  
 Non-Profit Name: \_\_\_\_\_  
 Farm – Type of Farm: \_\_\_\_\_

**50. Describe primary activity:** \_\_\_\_\_  
 \_\_\_\_\_

**51. Are there any physical items (i.e. fixtures, equipment) that are associated with the business?**  Yes  No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_

**52. Do you anticipate any unique problems in relocating your business?**  Yes  No  Uncertain  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**53. Does the business require any special licenses, permits, or certificates?**  Yes  No  
 If yes, list: \_\_\_\_\_  
 \_\_\_\_\_

**54. If Landlord, number of Units in the Building:** \_\_\_\_\_

Names of Tenants & Unit #'s: (attach list if necessary)

Name	Unit #

**39. School District:** \_\_\_\_\_

**40. Monthly Utilities** (Relocation/Clearance Information):

	Amount	Company & Acct#
Electric	\$	
Gas	\$	
Oil	\$	
Propane	\$	
Water/Sewer	\$	

**QUESTIONS FOR RENTAL DETERMINATION (Tenant):**

**41. Name of Tenant:** \_\_\_\_\_

**42. Phone:** \_\_\_\_\_ **43. Unit** \_\_\_\_\_

**44. Monthly Rent:** \$ \_\_\_\_\_

**45. Are utilities included in rent?**  Yes  No

**46. Annual Household Income** (attach Tenant Income Certification) \$ \_\_\_\_\_

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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Additional Pages Attached