

REPLACEMENT DWELLING CERTIFICATION

OCCUPANT NAME(S)	ADDRESS OF REPLACEMENT PROPERTY
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<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Mobile Home	Sleeping or Dormitory Type Room
<input type="checkbox"/> Apartment or Duplex	<input type="checkbox"/> Other _____	

GENERAL CONDITION OF REPLACEMENT HOME	BATHROOM FEATURES																																																						
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REMARKS

THIS CERTIFICATE IS NOT A WARRANTY OR GUARANTEE

As of this date, the premises are satisfactory for residential use. MDOT, its officers and employees shall not be liable for any injury or damage, including incidental or consequential damages, claimed to be the result of any failure to discover or report code violations or property defects.

CERTIFICATION

I hereby certify that the replacement dwelling has been inspected. The replacement dwelling IS IS NOT found to be decent, safe and sanitary for relocation payments. No other representation is intended.

INSPECTOR (Signature)	NAME/COMPANY	DATE
CONTROL SECTION	PARCEL	NAME
JOB NO.	FEDERAL ITEM NO.	FEDERAL PROJECT NO.