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| **DATE:**  [Date] |
| **UGLG:**   [UGLG Name, e.g., Village of Yourville]  | **CDBG GRANT AGREEMENT #:** *(if Grant Agreement # issued)*[GA # (e.g., PF 20-01)] |
| **PREPARER’S NAME & TITLE (*AND ENTITY / FIRM NAME, IF NOT UGLG EMPLOYEE):***[Form Preparer’s Name, Title][Entity/Firm Name, if applicable] | **PREPARER’S PHONE # & EMAIL:**[Phone #][Email Address] |
| **PREPARER’S SIGNATURE:** |
| 1. **PROPERTY ADDRESS & PARCEL #:**

[Property Street Address], [City], WI [Zip Code][Parcel #] | **TARGET PURCHASE DATE:**[Enter Date] |
|  *Check 1 Box Below:*  ***AND*** *Check 1 Box Below:*[ ]  Temporary Easement: [ ]  Voluntary [ ]  Involuntary  [ ]  Permanent Easement: [ ]  Voluntary [ ]  Involuntary [ ]  Permanent Acquisition: [ ]  Voluntary [ ]  Involuntary |
| ***Relocation Required:*** [ ]  **Yes** [ ]  **No**[If applicable, Enter # and names of persons or type of personal property requiring relocation, if known, and timeframe for relocation planned. If not applicable, then enter “N/A”] |
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[Property Street Address], [City], WI [Zip Code][Parcel #] | **TARGET PURCHASE DATE:**[Enter Date] |
|  *Check 1 Box Below:*  ***AND*** *Check 1 Box Below:*[ ]  Temporary Easement: [ ]  Voluntary [ ]  Involuntary  [ ]  Permanent Easement: [ ]  Voluntary [ ]  Involuntary [ ]  Permanent Acquisition: [ ]  Voluntary [ ]  Involuntary |
| ***Relocation Required:*** [ ]  **Yes** [ ]  **No**[If applicable, Enter # and names of persons or type of personal property requiring relocation, if known, and timeframe for relocation planned. If not applicable, then enter “N/A”] |
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**Email this form to assigned DEHCR Project Representative for CDBG Project
OR** ***DOACDBG@wisconsin.gov****(if not yet assigned a DEHCR Project Rep.)*;**AND to UGLG** *(if form completed by 3rd party, who is not an employee of UGLG)*.