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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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**Email this form to assigned DEHCR Project Representative for CDBG Project   
OR** [***DOACDBG@wisconsin.gov***](mailto: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)*.