



**Iowa Department of Transportation**  
OFFICE OF RIGHT OF WAY - RELOCATION

**NON-RESIDENTIAL INFORMATION SHEET**

<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<b>County</b> _____
<input type="checkbox"/> Per. Prop.	<input type="checkbox"/> Sign	<b>Project No</b> _____
<input type="checkbox"/> Landlord		<b>Parcel No</b> _____

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1. **Name of Concern** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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2. **Owner or Authorized Officer and Title** \_\_\_\_\_ **Email address** \_\_\_\_\_

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3. **Property Address** \_\_\_\_\_ **Owner's Address** \_\_\_\_\_

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4. **Form of Ownership** (check one)  
 Sole Proprietorship                       Partnership  
 Non-Profit Organization                       Corporation

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5. **Type of Business** (check one)  
 Manufacture                       Retail Trade                       Sign  
 Wholesale Trade                       Business Service                       Non-Profit Organization(specify type)  
 Personal Service                       Farming                       Rental Property

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6. **Area of Business (Neighborhood, City, etc.) describe:**  
Local \_\_\_\_\_

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7. **Is this business part of a commercial enterprise having at least one other establishment which is not being acquired by the State or the United States and which is engaged in the same or similar business?**  
 Yes                       No

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8. **Date Established in Project Area:** \_\_\_\_\_

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9. **Business Intends to:**  
 Continue in Area                       Discontinue                       Relocate to Another Area

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10. **Type of Items to be Moved:** \_\_\_\_\_

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11. **Relocation Assistance Information Issued:**  
**Date:** \_\_\_\_\_  
**By:** \_\_\_\_\_

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Remarks: