**SAMPLE LETTER OF ACKNOWLEDGEMENT:**

**SERVICE AND PAYMENTS RENDERED**

Department of Community Development

City of West Linn

100 Main Street

West Linn, Louisiana 70801

To: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Relocation Officer

This is to certify that the Relocation Assistance, Services, and Payments rendered by the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the time of my displacement from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

*Name of Grantee Date Date*

was done to my satisfaction.

I further certify that I have received reimbursement of my moving expense and/or Relocation

Payment by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ checked below.

*Name of Grantee*

MOVING EXPENSE

 Fixed Payment of $\_\_\_\_\_\_\_\_.

 Reimbursement of paid receipt from a Mover or Direct Payment to a Mover of $\_\_\_\_\_\_\_.

ADDITIONAL RELOCATION PAYMENTS (Tenants and Certain Others)

 Downpayment Assistance of a lump sum of $\_\_\_\_\_\_.

 Rental Assistance Payment of $\_\_\_\_\_\_ in a lump sum.

REPLACEMENT HOUSING PAYMENT (Owner-Occupants)

 Replacement Housing Payment in a lump sum of $\_\_\_\_\_\_.

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*Date Claimant*

*By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*