MISSOURI DEPARTMENT OF TRANSPORTATION RIGHT OF WAY DIVISION

7			ATE TAX CL		 								
	EMBER: Claims must be quent date. Delinquent				JOB NUMBER								
COUNT	Υ	ROUTE		PARCEL	FEDERAL NUMBER								
OWNER	R (S)				DATE OF CLAIM								
OWNER	S CURRENT ADDRESS					<u> </u>							
				OPIES OF PAID TAX RE									
		FOR CO	MPUTATION OF	FA PRORATA TAX CL.	AIM								
						•							
OWN	ER'S CERTIFICATION					/							
	plete, and understand			ewith have been examin submitted herewith ma									
OWNE	R'S SIGNATURE (S)												
T	O BE COMPUTED BY	THE MISSOUR	I DEPARTMENT	OF TRANSPORTATION									
	If Entire Taking is inve	olved, complete li	nes 1 through 7 ar	nd 10. If Partial Taking is in	volved, complete line	s 1 through10.							
1.	Total city real estate to	ax paid for yea	r on property ow	rned.		\$							
2.	Total county real esta	te tax paid for y	ear on property	owned.		\$							
3.	Total current real esta	te tax paid on p	property owned.			\$							
	Date R/W payment wa Commissioners' Awar			v agent or the date the	DATE								
5.	Total number of full m	onths remainin	g in current yea	r after payment made.	MONTHS								
6.	Total taxes paid (line	3)		\$	divided by 12 =	\$							
7.	Total from line 6	\$	X number of m	onths remaining in year	(line 5) =	\$							
8.	8. Percentage of total tax payment applicable to R/W acquired by State %												
9.	Total from line 7	\$	X percentag	ge as shown on line 8	% =	\$							
	Total due from line 7 enent will be made.	or 9 (whichever	r is applicable).	If amount is less than \$	1.00, no	\$							
COMPU	TED BY				DATE								

MO 605-0306N (8-99) Section 7-2

DECOMPLETED BY THE DISTRICT RIGHT OF WAY UNIT DECOMPLETED BY THE DISTRICT RIGHT OF WAY UNIT DECOMPLETED BY THE DISTRICT RIGHT OF WAY UNIT DESCRIPTION ONC. APPR.UNIT TO BE COMPLETED BY THE BBS DIVISION DESCRIPTION ONC. APPR.UNIT TO BE COMPLETED BY THE BBS DIVISION DESCRIPTION ONC. APPR.UNIT TO BE COMPLETED BY THE BBS DIVISION DESCRIPTION ONC. APPR.UNIT TO BE COMPLETED BY THE BBS DIVISION DESCRIPTION ONC. APPR.UNIT TO BE COMPLETED BY THE BBS DIVISION DESCRIPTION ONC. APPR.UNIT TO BE COMPLETED BY THE BBS DIVISION DESCRIPTION ONC. APPR.UNIT TO BE COMPLETED BY THE BBS DIVISION DESCRIPTION ONC. APPR.UNIT TO BE COMPLETED BY THE BBS DIVISION DESCRIPTION ONC. APPR.UNIT TO BE COMPLETED BY THE BBS DIVISION APPR.UNIT DESCRIPTION APPR.UNIT TO BE COMPLETED BY THE BBS DIVISION DESCRIPTION TO BE COMPLETED BY THE BBS DESCRIPTION AMOUNT DESCRIPTION APPR.UNIT DESCRIPTION TO BE COMPLETED BY THE BBS DESCRIPTION AMOUNT DESCRIPTION APPR.UNIT DESCRIPTION TO BE COMPLETED BY THE BBS DESCRIPTION AMOUNT DESCRIPTION APPR.UNIT AMOUNT DESCRIPTION AMOUNT DES	DRESS								-						AMOUNT	
UNE ASSES QUANTITY FUND ACENCY ORG APPRUNIT Name of Payee is same as on docum Distribution on code block is correct Dist													 1			
OBJECT SUBSTANCE OD COMMODITY CODE PROCEDITION ON CODE DOCUMENT IS SERIE AS ON GOCUMENT OD COMMODITY CODE OD BE COMPLETED BY DISTRICT R/W UNIT Date department made payment to owner or escrow agentwhichever was first Pelid tax receipts were attached to claim Computations on claim are correct Computations on claim are correct REPARENS CERTIFICATION Is approved for payment under this claim. Control of the control of th							1		- F					TOBEC	COMPLETED BY THE BBS DIVISION	<u> </u>
Distribution on code block is correct Distribution on code block is correct		ASSET	QUANTIT	<u> </u>	FL	IND	AG	ENCY	1 1	JRG.	+	APPR. UNI	\vdash		lame of Pavee is same as or	n documen
UNE OBJECT SUB- ACTIVITY PUNCTION AMOUNT DOCUMENT IS certified 91				+	-			-	++	-	+		\vdash		•	
Decomposition to the same as on document Decomposition De		 	P.ECT	s	UB-	ACT	יועודע	-	FUNCTIO	N		MOUNT		_		correct
Amount is same as oil document New PROJECTIZION COMMODITY CODE Parcel number entered to PVQ document Parcel number PVQ document		+	TIT T)BJ	1 70.	T 1		7 7	" 			_			
Perceitable of Parcel number entered to PVQ documents Parcel number entere		+++	++	+	+-			\dashv			-		\dashv	L A	mount is same as on docun	nent
OBE COMPLETED BY DISTRICT R/W UNIT Date department made payment to owner or escrow agentwhichever was first Paid tax receipts were attached to claim Computations on claim are correct REPARENS CIENTIFICATION The total sum of \$						DV			COMM	NODITY C	ODE			□ P	arcel number entered to PV	Q docume
OBE COMPLETED BY DISTRICT R/W UNIT Date department made payment to owner or escrow agentwhichever was first Paid tax receipts were attached to claim Computations on claim are correct REPARER'S CERTIFICATION is approved for payment under this claim. certify the above information has been checked against this district's records and it is a just and correct ayment. I further certify I have no direct or indirect present or contemplated personal interest in the transaction and I will not derive any benefit from the payment of the above claim. SIGNATURE TITLE DATE DATE	01		REPORTIN	VG CAN	1,200		П				1			CHECKED I	ЗҮ	
Paid tax receipts were attached to claim Computations on claim are correct REPARENS CERTIFICATION is approved for payment under this claim. certify the above information has been checked against this district's records and it is a just and correct ayment. I further certify I have no direct or indirect present or contemplated personal interest in the transaction and I will not derive any benefit from the payment of the above claim. SIGNATURE TITLE DATE DATE]					
he total sum of \$is approved for payment under this claim. certify the above information has been checked against this district's records and it is a just and correct ayment. I further certify I have no direct or indirect present or contemplated personal interest in the transaction and I will not derive any benefit from the payment of the above claim. SIGNATURE	Comp	utation	ns on (clair	m ar	re corr	rect									
he total sum of \$is approved for payment under this claim. certify the above information has been checked against this district's records and it is a just and correct ayment. I further certify I have no direct or indirect present or contemplated personal interest in the transaction and I will not derive any benefit from the payment of the above claim. SIGNATURE		• .														
he total sum of \$is approved for payment under this claim. certify the above information has been checked against this district's records and it is a just and correct ayment. I further certify I have no direct or indirect present or contemplated personal interest in the transaction and I will not derive any benefit from the payment of the above claim. SIGNATURE	REPARER	'S CER	TIFICA	TIO	N											:
HIS CLAIM IS NOT APPROVED FOR PAYMENT FOR THE FOLLOWING REASONS SIGNATURE TITLE DATE	he total s certify th ayment. nd I will	sum of le abor I furth not de	f \$ ve info er cer	rma tify	atio	ve no	dire	n che	cked a	agains ect pre	t th	is distr nt or co bove cl	rict' inte	s recor	ds and it is a just and correct d personal interest in the tra	nsaction
SIGNATURE TITLE DATE		_														
> Sideriore	HIS CLA	IM IS	NOT A	PPF	?O \	ED FO	OR F	PAYN	IENT I	FOR T	HE	FOLLC)WI	NG REA	ASONS	
DISTRICT DALLAMOSTD	SIGNATUR	Œ.										TITLE			DAT	 (
	>														.	

MO 605-0306N (8-99) Section 7-2