



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

**ADDENDUM TO
MONTH-TO-MONTH
RENTAL AGREEMENT**

PROJECT NAME: _____

STATE PROJECT #: _____

FEDERAL-AID PROJECT #: _____

PARCEL #: _____ UNIT #: _____

Dated: _____, 2____.

We, the undersigned, acknowledge and agree that we are not eligible for any relocation benefits.

Date

Tenant

Date

Tenant