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| **Project Title:** | | **Parcel No.:** |
| **Type of Displacement:**  **Business**  **Farm**  **Non Profit Org.**  **PPO** | **Displaced Person(s):** | **Displacee No.:** |

I, the undersigned, hereby certify that I am the owner of certain personal property that is lawfully located upon real property acquired in connection with the foregoing public works project. As a result of the acquisition, said personal property must be moved from the acquired site.

**By initialing below,** I hereby select the following type(s) of moving option(s), authorized under the Washington State Relocation Assistance Program:

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|  |  | **Commercial Move.** I will obtain the services of a qualified commercial mover to relocate all my personal property up to a maximum of 50 miles. Upon request, the **INSERT AGENCY NAME (**Agency**)** will make direct payment to said selected mover on my behalf. This amount is limited to the lowest acceptable bidder selected by the Agency. I estimate the value of my personal property to be $     . This amount will be used to determine the cost of my replacement value insurance (copy of insurance policy may be requested). |
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|  |  | **Self-Move.** I will move all personal property owned by me in accordance with the attached moving specification (or on file). When the move has been completed and the property inspected by the Agency, I will claim the amount of $     . |
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|  |  | **Self-Move, Actual Cost Move.** I will move all personal property owned by me using my own resources and be reimbursed the actual and reasonable moving cost as documented by paid receipts, invoices, or other reasonable evidence of expense. |
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|  |  | **In Lieu, Fixed Payment.** I will move all personal property owned by me from the acquired site. Upon satisfactory completion of the move, I will claim the amount of $     , which amount has been authorized by approval of my application for fixed payment, dated     . I understand that my acceptance of this payment is in lieu of any and all other moving and moving related expenses to which I would otherwise be entitled. |
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|  |  | **Self-Move (PPO), Move Cost Schedule.** I will move all personal property owned by me and when the move has been completed and inspected by the AGENCY, I will claim the amount of $     . |
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**NOTE:** Failure to comply with the terms and conditions of this agreement may result in denial of all or part of your claim for moving expenses. In the event that all personal property is not removed, appropriate action will be taken by the Agency, and you will be responsible for the cost associated with removing personal property left at the displacement site. This cost will be deducted from your moving claim/payment.

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Displaced Person Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relocation Specialist Date

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Agency Authorization Date