Insert Today's Date

Insert Name Of Business

INSERT ADDRESS OF BUSINESS

**Relocation Assistance Program**

**Relocation Claim Determination**

Project Title: INSERT PROJECT TITLE

Parcel No.: INSERT PARCEL NUMBER

Displacee No.: INSERT DISPLACEE NUMBER

Dear INSERT DISPLACEE NAME:

The purpose of this letter is to provide relocation claim determination information. *Consideration of items to be included in this section (filled out by Relocation Specialist):*

*When was claim submitted? State nature of claim/summary of claim. Is a portion of the claim eligible and the rest ineligible? Separate items as necessary. Is the entire claim ineligible? List the reason why claim is ineligible. Include appropriate WAC(s) and any other information pertinent information.*

**Reconsideration of a WSDOT Decision and Right to Appeal**

If you disagree with a determination made by me or another WSDOT Relocation Specialist regarding your eligibility for, or the amount of your relocation entitlement, you may seek an informal reconsideration of such determination by sending a letter explaining your grievance within 30 days after receipt of such determination to:

Washington State Department of Transportation

Relocation Assistance Program Manager

Real Estate Services

PO Box 47338

 Olympia, WA 98504-7338

You also have the right to appeal a determination WSDOT should make as to your eligibility for or the amount of any entitlement without going through the informal reconsideration process. The appeal procedure is explained in the Relocation Assistance Program Brochure as well as the General Notice and Notice of Relocation Eligibility, Entitlements & 90-Day Assurance letters previously given to you.

Feel free to contact me for any clarification and any questions you may have.

Sincerely,

INSERT NAME OF SPECIALIST

Relocation Specialist

Real Estate Services

INSERT SPECIALIST ADDRESS

INSERT SPECIALIST'S PHONE NUMBER AND FAX NUMBER

INSERT SPECIALIST'S E-MAIL ADDRESS

Cc: State Relocation Reviewer