Click or tap to enter a date.

\*Insert Displace Person(s) Name\*

\*Insert Address\*

\*City, State and Zip\*

RE: CRS: \*C/R/S\*

 PCL:      -

 PID:

Dear \*Insert Name of Displaced Business\*,

Our Agency intends to purchase all or part of the property which your business presently occupies; therefore, you are eligible for certain benefits provided for under the Relocation Assistance Program for which you qualify. The following is a list of those benefits to which you may be entitled.

First, you may be reimbursed for the actual and reasonable expenses you incur while searching for a replacement site. This payment is capped at $2,500.00. If you so desire, I will supply you with referrals to potential replacement sites which are available on the open market and could provide you with transportation to view these units.

Second, you will be reimbursed for the expenses you incur in moving your business’s personal property to a replacement site of your choice. In all moves there are certain actions that must occur in order to protect your eligibility for payment. They are:

1. The Agency must be permitted to make reasonable and timely inspections of the personal property at both the displacement and replacement sites, and to monitor the move; and,
2. An inventory of your personal property to be moved must be mutually agreed upon prior to your move; and,
3. A total cost figure for the move and written move authorization must be issued by our office before you begin your move.

Should you start your move before these actions have occurred, you may jeopardize your payment eligibility.

Third, you may be eligible for certain expenses necessary to reestablish your business at a replacement site. This reimbursement is capped at $25,000.00.

Fourth, you may be eligible to be reimbursed for any Economic Loss that your business suffers during the relocation process. The maximum amount that your business may be reimbursed for Economic Loss will be based, in part, on any reduction of your net annual business profits, prorated on a daily basis, which occurs as a result of the relocation. The daily loss of profit will be applied against a prescribed time period which is based on the amount of time you have to consider the Agency’s acquisition offer. Fifteen days is the minimum time period that may be used.

Fifth, you may be eligible for a fixed payment. This payment is based on your business’s average annual net earnings from the two taxable years prior to the year in which the displacement occurs. The minimum payment is $1,000.00 and the maximum is $40,000.00. When this payment option is selected your business is still required to move, and the fixed payment is in lieu of all move, search, re-establishment and economic loss reimbursements. Not all businesses qualify to receive this payment.

Sixth, you may be eligible to be reimbursed for Loss of Goodwill to your business which was caused by the acquisition of the property that your business occupied. The maximum reimbursement for the Loss of Goodwill is $10,000.00.

By law, we must provide you with at least 90 days written notice before requiring you to move. The 90-day time period will not begin until an offer is made to purchase the property you occupy.

If your business is owned by an “alien,” not lawfully present in the United States, you are not eligible to receive relocation advisory services or relocation payments.

I will exert my best effort to assist you during the move to a replacement site. I have given you a Non-Residential Relocation brochure and explained to you the specific parts which apply to your situation. I will be available at any reasonable time to answer any questions you may have regarding your relocation. I may be contacted at the address and telephone number listed below.

Respectfully,

\*Insert Name of Reloaction Agent\*

\*Insert Agents Phone Number\*

\*Insert Agents E-mail Address\*

\*Insert Agents Address\*

\*City, State and Zip\*

I acknowledge receipt of this notice.

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

Signature of Displaced Person: Date: