Click or tap to enter a date.

\*Insert Name of Displaced Person(s) Name\*

\*Insert Address\*

\*City, State and Zip\*

RE: CRS: XXX-XX-XXXX

 PCL: XXX-XXX

 PID: XXXXXX

Dear \*Insert Name of Displaced Person(s) Name\*:

As the result of the \*Insert name of LPA\* offer to purchase all, or part of the property which you presently occupy, you are eligible for certain benefits provided under the Relocation Assistance Program for which you qualify. The following is a list of benefits to which you may be entitled.

First, you may be reimbursed for the actual and reasonable expenses you incur in searching for a replacement site. This reimbursement is capped at $2,500.00. If you so desire, I will supply you with referrals to potential replacement sites which are currently available on the open market.

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. \*Insert name of LPA\* must be permitted to make reasonable and timely inspections of the personal property at both the displacement and replacement sites, in addition to monitoring 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 must be approved and a 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 reimbursement.

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. Not all businesses qualify to receive this reimbursement.

By law, we must provide you with at least 90 days’ written notice before requiring you to move. Therefore, the earliest date you may be required to move is \*Insert 90-day Notice\*. You may move at any time after receiving our written Move Authorization Letter. Should it become necessary, you will be given a Notice to Vacate when \*Insert name of LPA\* has acquired the property you presently occupy, and you are required to move by a specific date.

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 provided you with a Non-Residential Relocation brochure and explained to you the specific parts which apply to your situation. While I may not provide legal advice, I will make every effort to answer any questions you have concerning the relocation process and provide copies of the applicable laws and/or our records that you may need to fully understand your rights, the project and the relocation process. If you have any questions concerning this matter, I may be contacted at the addresses and telephone number listed below.

Respectfully,

\*Relocation Agents Name\*

\*Agents Address\*

\*City, State and Zip\*

\*Insert Agents Phone Number\*

\*Insert Agents E-mail Address\*

I acknowledge receipt of this notice.

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Signature of Displaced Person(s): Date: