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 Displace Person(s) Name\*,

Our Agency intends to purchase all or part of the property where your personal property is currently located. 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.

You will be reimbursed for the expenses you incur in moving your 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.

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 you are 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 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: