



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

**NONRESIDENTIAL
OCCUPANCY REPORT**

PROJECT NAME: _____

STATE PROJECT #: _____

FEDERAL-AID PROJECT #: _____

PARCEL #: _____ UNIT #: _____

Date of Inspection: _____

Owner's Name: _____

Occupant's Name: _____

Address: _____

OCCUPANT INTERVIEW

Is the property owner and the operator of the business the same person: Yes No

Operator of business: Male White Hispanic Asian
 Female Black Alaska Native Other

Type of business ownership: Corporation Sole Proprietor
 Partnership Other

Date occupant first occupied the property: _____ No. of Employees: _____ Type of Business: _____

All occupants are U.S. citizens or aliens lawfully present in the United States

(If not, explain below under "Special Needs." The prohibition of benefit payments to an alien who is not lawfully present in the United States must be applied differently to the differing ownership situations found in sole proprietorships, partnerships, or corporations. In a sole proprietorship, the eligibility of the business is synonymous with the residency status of the proprietor. In a partnership, if any of the owners are illegal aliens, no relocation payment may be made to them. The total relocation payment would be reduced by a percentage based on the proportion of ineligible owners. A corporation, being a legal person established pursuant to State law, need only certify that it is authorized to conduct business in the United States.)

Income: \$ _____ Rent/Lease Payment: \$ _____

Type of inventory to be moved (Identify personalty/realty):

Special needs (including site requirements, financial capability to make the move, need for outside specialists, time required for move, anticipated difficulty, advance payments required):

Date: _____

Right-of-Way Agent's signature: _____