



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

**CLAIM FOR ACTUAL MOVING EXPENSE
(DWELLING, BUSINESS, OR FARM)**

PROJECT NAME: _____

STATE PROJECT #: _____

FEDERAL-AID PROJECT #: _____

PARCEL #: _____ UNIT #: _____

Claim must be filed within 18 months after move is complete or claimant receives final payment for acquisition of the property, whichever is later. Relocation payments are not considered income for the purposes of state or federal income tax, personal or corporate (See 49 C.F.R. 24.209).

PRINT OR TYPE INFORMATION

Name of Claimant: _____

Name of Business: _____

Address moved from: _____

Claimant's Phone Number: _____

Date of Move: _____

Address moved to: _____

Mover's name, address, and phone number: _____

Distance Moved: _____ miles

Total amount of claim (Attach Form 25A-R750, Tabulation of Actual Moving Expenses): \$ _____

I hereby certify that the foregoing claim is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the claim has been paid. I further certify that I am (check the one that applies):

a citizen of the United States

an alien lawfully present in the United States

There are _____ other family members who reside with me, as follows:

_____ are citizens of the United States

_____ are aliens lawfully present in the United States

_____ are illegal aliens

Type of Business

Please Indicate the Number of

Owners

Citizens

Aliens Lawfully Present

Sole Proprietorship or Partnership

NOTE: 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.

Corporation

Name of corporation: _____ I certify that this corporation is established pursuant to State law and is authorized to conduct business in the United States.

Date of Claim: _____

Claimant's signature: _____

INSPECTION REPORT

Both the address moved from and the address moved to were inspected on _____, 2 _____. The property shown on the inventory was moved as agreed upon. Payment of the above amount is recommended.

Date: _____

Right-of-Way Agent's signature: _____