



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION  
AND PUBLIC FACILITIES

**SELF-MOVE AGREEMENT  
(BUSINESS)**

PROJECT NAME: \_\_\_\_\_

STATE PROJECT #: \_\_\_\_\_

FEDERAL-AID PROJECT #: \_\_\_\_\_

PARCEL #: \_\_\_\_\_ UNIT #: \_\_\_\_\_

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).

Name of Claimant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address moved from: \_\_\_\_\_

Claimant's Phone Number: \_\_\_\_\_

Proposed Date of Move: \_\_\_\_\_

Proposed Address moved to: \_\_\_\_\_

Payment for the move is based upon the lower of the following two bids (copy attached)

Date	Prepared by	Amount
_____	_____	\$ _____
_____	_____	\$ _____

I hereby agree to move the personal property listed in the attached inventory dated \_\_\_\_\_ to the address shown above for the amount of \$ \_\_\_\_\_. I assume full responsibility for the move. I will notify DOT&PF when I am ready to begin the move. After completion of the move, I will provide DOT&PF with an inventory of the personal property at the new location.

I certify that my business is:

**Type of Business**

**Please Indicate the Number of**

Sole Proprietorship or Partnership

**Owners**

**Citizens**

**Aliens Lawfully Present**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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**

The move was completed on \_\_\_\_\_, 2 \_\_\_\_\_. The address moved from and the address moved to were inspected on \_\_\_\_\_, 2 \_\_\_\_\_. The property shown on the inventory was moved as agreed upon. This was verified by comparing the pre-move inventory with the post-move inventory. Payment of the above amount is recommended.

Date: \_\_\_\_\_

Right-of-Way Agent's signature: \_\_\_\_\_