



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: _____