



RIGHT OF WAY ACQUISITION SECTION RELOCATION ENTITLEMENT

CLAIM FORM

Arizona Department of Transportation
205 South 17th Avenue, MD 612E
Phoenix, AZ 85007

Agency: Arizona Department of Transportation
Agent: Tangella Diaz
Office Phone: 602-712-6955
Cell Phone: _____

Date Submitted: _____
Report Date: _____

☒ SW

☐ RTP

Close of Escrow Date: _____

OIP Date: _____

Date sent to Condemnation: _____

Mobile Home Acq. Payment. (Paid to Owner) Date: _____

Vacate Date: _____

Project: 347 PN 172 H7007 O2R 347-A(204)

Highway: MARICOPA ROAD

Section: UPRR X-Ing

Parcel: 11-1015 R1

Type of Occupant(s) & Property

- ☒ Owner Occupant ☐ Owner Non Occ ☐ Tenant ☐ Tenant Non Occupant
☒ Business ☐ Residential ☐ House ☐ Subsequent Occupant
☐ Apt/Condo ☐ Storage Lot Unit ☒ Mobile Home ☐ Recreational Vehicle

DISPLACEE(S) NAME: City of Maricopa Fire Department

Displacement Address: 44624 W. Garvey Ave

City: Maricopa, Arizona

Replacement Address: 45695 W. Edison Rd

City: Maricopa, Arizona

Telephone: 520-494-2307

Cell Phone: 520-705-1095

Zip Code: 85138

Zip Code: 85138

PAYEE(S) NAME: Williams Scotsman, Inc

Replacement Escrow #: _____

Payee Address: P.O. Box 91975

City, State: Chicago, IL

Telephone: 888-378-9084

Date W-9 Sent to Oper. 2/14/17

Zip Code: 60693

- ☐ RUSH PAYMENT. REQUIRED BY: _____
☐ REVIEWER'S APPROVAL REQUIRED TO RELEASE FUNDS.
☒ ASSIGNMENT OF PAYMENT.
☐ MAIL CHECK DIRECTLY TO PAYEE. (Certified)
☐ HOLD CHECK, CALL AGENT FOR PICKUP.

TYPE OF PAYMENT AND AMOUNT REQUESTED BY PAYEE:

OBJECT CODE 8191

PMT NUM	PAYMENT TYPE	SUB OBJ	TOTAL INDV CLAIM AMT	PRIOR CLAIM(S)	AMOUNT(S) REMAINING	REQUEST PAYMENT(S)	TOTAL CLAIM(S) PAID (INCL REQ)
1	MV EXP BU	41	\$135,239.00	\$0.00	\$135,239.00	\$135,239.00	\$135,239.00

TOTAL REQUESTED PAYMENT TO PAYEE(S) \$135,239.00

DISPLACEE(S) STATEMENTParcel: 11-1015 R1

I/We, as (an) eligible displacee(s). Do hereby request of the Arizona Department of Transportation, payment of entitlement(s) as stated above.

I/We, acknowledge that all provisions regarding the type and manner of payment(s) have been fully explained. I/We also understand in order to receive any compensation for benefits. I/we do certify that I/we are lawfully present in the United States. I/We have fulfilled all conditions required of me/us in order to be eligible for payment(s). I/We have not submitted any other claim for, or received payment of any compensation for benefit(s) claimed herein.

I/We request that payment No(s) 1 be assigned to Williams Scotsman, Inc

for the purpose of use of temporary modulars at the temporary replacement site

Displacee Signature: X [Signature] Date: 2/28/17
or Authorized Party

Displacee Signature: [Signature] Date: _____
or Authorized Party

Displacee(s) Signature(s) Verified By: _____ Date: _____
Right of Way Agent or Notary Public

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RIGHT OF WAY CERTIFICATION:

I hereby certify that I have examined the substantiating documentation and the information contained herein, and have found this claim for payment to be true and correct to the best of my knowledge. I also certify that all supporting documentation, and determination of entitlements are located in the relocation displacee file. I further certify that I have no direct or indirect, present or contemplated future personal interest in the payment of this claim, nor will I benefit in any manner from the consummation of this matter.

By: _____ Date: _____
Right of Way Agents Name & Agency

Right of Way Agent Comments:

The displacee is eligible for full reimbursement of their expenses associated with this temporary move in accordance with 24.301(7) An assignment of payment has been requested based on the invoice attached.

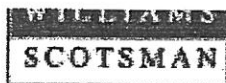
APPROVALS:

Reviewer: _____ Date: _____
Signature

ADOT Reviewer: _____ Date: _____ \$ \$135,239.00
Signature Amount

Reviewer's Comments:

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Corporate Operations
901 S. Bond Street, Suite 600
Baltimore, MD 21231-3357

Do not include correspondence with your remittance. Correspondence should be directed to the Williams Scotsman Branch address indicated below.

Billed to:

MARICOPA CITY
39700 WEST CIVIC CENTER PLAZA
MARICOPA, AZ 85138

Invoice #	Amount Due	Due Date
56836270	135,239.00	02/07/2017
PLEASE REMIT PAYMENT VIA ACH OR GO TO BILLTRUST Use Hyperlink http://willscot.billtrust.com		Amount Enclosed

Go paperless by paying via ACH or remit payment
to:

WILLIAMS SCOTSMAN, INC.
PO BOX 91975
CHICAGO, IL 60693-1975

2.0

19237868

1017092

2.2
INVOICE

▲ Please detach and return top portion with your payment to insure proper credit to your account. Thank you. ▲

Page 1 of 2



Questions regarding your account
should be directed to:

Williams Scotsman
3232 South 48th Street
Phoenix, AZ 85040-1747
888-378-9084

Invoice Date:	02/07/2017	Unit Location
Invoice #:	56836270	MARICOPA CITY 45695 W Edison Rd MARICOPA, AZ 85138
Due Date:	02/07/2017	
Customer #:	19237868	Purchasing Agent
		Lonnie Inskeep

www.willscot.com

Federal ID NO. 52-0665775 The buyer agrees to pay all applicable state and municipal taxes on this transaction.

UNIT NO.	BILLING TERM	DESCRIPTION	AMOUNT
When paying multiple invoices, please enclose all remittance forms or a list of all dollar amounts paid on each invoice number to assure accurate timely application of payment. Billing questions may be emailed to: customerassistance@as.willscot.com			
CPX-09603		64X48 MODULAR \$1725.00 2-18 MONTHS RENT \$29235.00 RESTROOM STANDARD \$60.00 2-18 MONTHS RESTROOM STANDARD \$1020.00 SPRINKLER SYSTEM \$20273.97 DELIVERY \$11633.24 COMPLEX INSTALLATION (M) \$733.33 TIEDOWN (M) \$416.00 SKIRTING (M) \$287.28 COMPLEX INSTALLATION (L) \$6266.67 TIEDOWN (L) \$693.42 SKIRTING (L) \$3168.72 LICENSE FEE \$11301.37 KITCHENETTE \$4794.52 COMPLEX REMOVAL \$7000.00 SKIRTING REMOVAL \$360.72 TIEDOWN REMOVAL \$416.00 RETURN \$11633.24 FLOOR OUTLETS \$1369.86 STEPS \$72.00 2-18 MONTHS STEPS RENTAL \$1224.00 RAMP \$400.00	135239.00

NVOICE

www.willscot.com

Questions regarding your account
should be directed to:

Williams Scotsman
3232 South 48th Street
Phoenix, AZ 85040-1747
888-378-9084

Invoice Date:	02/07/2017	Unit Location
Invoice #:	56836270	MARICOPA CITY 45695 W Edison Rd MARICOPA, AZ 85138
Due Date:	02/07/2017	
Customer #:	19237868	Purchasing Agent
		Lonnie Inskeep

UNIT NO.	BILLING TERM	DESCRIPTION	AMOUNT
		2-18 MONTHS RAMP RENTAL \$6800.00 RAMP DELIVERY & SETUP \$633.80 RAMP KNOCKDOWN & RETURN \$633.80 DATA CLOSET \$753.42 SALES TAX \$10237.39 PPT \$2006.25	
		CURRENT INVOICE AMOUNT DUE:	135,239.00



Infrastructure Delivery and Operations

Douglas A. Ducey, Governor
John S. Halikowski, Director
Dallas Hammit, State Engineer
Steve Boschen, Division Director

February 16, 2017

ELECTRONIC MAIL

City of Maricopa
C/o Mr. Brady Leffler, Fire Chief
44624 W. Garvey Ave.
Maricopa, Arizona 85138

RE: Project: 347 PN 172 H7007 O2R
 Highway: **MARICOPA ROAD**
 Section: UPRR Crossing
 Parcel: 11-1015 R1

Dear Mr. Leffler:

The Arizona Department of Transportation has determined you are entitled to a moving cost payment for an approved commercial move of your personal property from the required right of way located at 44624 W. Garvey Ave, in Maricopa, Arizona, to a replacement property located within a fifty (50) mile radius of the above referenced parcel.

Our office has determined that the personal property which you own and list on your Certified Inventory List can be moved by a professional moving company for \$19,280.97. If the items listed on your certified inventory differ from the items actually moved, the moving cost payment will be revised accordingly.

The determined amount for moving costs was based on the lower of two (2) bids provided by two (2) outside moving companies, in accordance with appropriate regulations. The selected bid was provided by Olympian Worldwide Moving & Storage.

If your firm elects the self-move option, you will be paid \$19,280.97. You must schedule your move with the company of your choice. It will be your responsibility to obtain all the services necessary to complete the move and to pay any costs that exceed the determined amount.

Please advise me of the scheduled move date and I will assist you in processing your claim for payment and if you have any questions, require assistance or need additional information, please contact me at 205 South 17th Avenue, MD 612E, Phoenix, Arizona 85007, or call 602-712-6955. You may also reach me at my email address: tdiaz@azdot.gov. Thank you for your cooperation in this matter.

Sincerely,

TANGELLA DIAZ, Right of Way Agent
Right of Way Group



Infrastructure Delivery and Operations

Douglas A. Ducey, Governor
John S. Halikowski, Director
Dallas Hammit, State Engineer
Steve Boschen, Division Director

February 16, 2017

ELECTRONIC MAIL

City of Maricopa
C/o Mr. Brady Leffler, Fire Chief
44624 W. Garvey Ave.
Maricopa, Arizona 85138

RE: Project: 347 PN 172 H7007 O2R
 Highway: **MARICOPA ROAD**
 Section: UPRR Crossing
 Parcel: 11-1015 R1

Dear Mr. Leffler:

The Arizona Department of Transportation (ADOT) began negotiations on February 13, 2017 for the acquisition of the property you occupy at 44624 W. Garvey Ave, Maricopa, Arizona.

Because this property is being acquired for the above-cited project, we are required to provide all eligible displacees this ninety (90) day notice. The purpose of this ninety (90) day period is to allow occupants sufficient time to locate a replacement property to purchase or rent. You will not be required to move from 44624 W. Garvey Ave in Maricopa, Arizona earlier than (90) days from the date of this notice. We encourage you to take advantage of this period to locate the best available replacement property.

In addition to this notice, we will provide you a subsequent thirty (30) day notice to vacate that will specify the date on which the department will require you to move from the property. **This notice will not cut short the original ninety (90) day period and it will not be provided until the State has acquired possession of the above referenced property.**

Once the State has obtained legal possession of this property, you will, as an occupant of property owned by the State, be required to pay rent in accordance with the terms and conditions of the Extended Occupancy Agreement. Rent will continue until the property has been vacated. Failure to sign this agreement does not release you from the responsibility to pay rent.

February 16, 2017
11-1015 R1
Page 2 of 2

IMPORTANT

You must also notify our office when you move. Computations for both rent and relocation benefits are based on your actual vacate date. If no notification is received to indicate otherwise, the property will be inspected at the end of the vacate notice period and our office will consider the date of inspection as the vacate date.

In most situations, the ninety (90) day period is sufficient time in which to locate a replacement property. Should additional time be required, please contact me as soon as possible. Extensions may be granted where special circumstances exist. Requests for extensions will be reviewed on a case by case basis.

I will be available to provide assistance during the relocation process. If you have any questions, please contact me at 205 South 17th Avenue, MD 612E, Phoenix, Arizona 85007, or call 602-712-6955. You may also reach me at my email address: tdiaz@azdot.gov.

Sincerely,



TANGELLA DIAZ, Right of Way Agent
Right of Way Group



RIGHT OF WAY ACQUISITION NON-RESIDENTIAL RELOCATION

BUSINESS RELOCATION CHECKLIST

Displacee Name: City of Maricopa Fire Department

RE: Project: 347 PN 172 H7007 O2R
Highway: MARICOPA ROAD
Section: UPRR Crossing
Parcel: 11-1015 R1

1. **Meet with Displacee**

- ☐ Explain project and time line
- ☐ Conduct inspection tour with the Displacee
- ☐ Photograph premises and equipment
- ☐ Explain the need to prepare itemized ***Business Property Inventory*** (Form)
- ☐ Explain that ADOT or Representative will obtain move bids

2. **Review Business Structure**

- ☐ Discuss the general operation and complete ***Business Interview sheet*** (Form)
- ☐ Request copies of business license(s) or other pertinent documents
- ☐ Request copies of last two (2) years Income Tax records (***Requirements for In Lieu Payments*** Option only) (Form)

3. **Relocation Eligibility**

- ☐ Discuss Displacee eligibility
- ☐ Explain Requirements for lawful presence in the U.S. and complete ***Certification of Legal Residency*** form.
- ☐ Complete ***Displacee Information Request*** (Form)
- ☐ Complete the Arizona Substitute ***W-9*** (Form) or Explain Procure AZ (Form)

4. **Explanation of Benefits**

- ☐ **Sec. 24.301(17) Site Search Reimbursement** (Form)
- ☐ **Sec. 24.301 and 24.303 Requirements for Move Payments** (Form)
- ☐ **Sec. 24.301 (h) ineligible Business expenses** (Form)
- ☐ **Sec. 24.304 Reestablishment expenses** (Form)
- ☐ Discuss Process for ***Appeals - Federal Register 49 CFR Part 24.10*** (Form)
- ☐ Present Displacee with Federal Relocation Assistance brochure and explain
- ☐ Present Displacee with ADOT Title VI Brochure and explain
- ☐ Present Displacee ***Professional Services*** Guidelines (Form)
- ☐ Present Displacee with ***Federal Tax Information*** relocation is not considered income (Form)

5. **Other; To be presented at time of Offer or Notice of Intent**

- ☐ Present Displacee with 90 Day Notice
- ☐ Present Displacee with Eligibility Letter
- ☐ Present Property Management Extended Occupancy Agreement

6. Comments

This is to certify that on _____, the Displacee was presented with the above information and documents.
Date

Agent's Signature: _____ Date: _____ Print Name: _____

Displacee's Signature:  _____ Date: 2/28/17 Print Name: Gregory E. Ar

BUSINESS INTERVIEW SHEET

ADOT	
Project: <u>347 PN 172 H7007 O2R</u> Highway: <u>MARICOPA ROAD</u> Section: <u>UPRR Crossing</u> Parcel: <u>11-1015 R1</u>	Relocation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
<input checked="" type="checkbox"/> Business Owner <input type="checkbox"/> Business Tenant	Business Type: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Prop. </div> <div> <input type="checkbox"/> LLC <input type="checkbox"/> Family Owned <input checked="" type="checkbox"/> Other _____ </div> </div>
Business Name: <u>City of Maricopa</u> DBA: <u>Fire Department</u>	
Site Address: <u>44624 W. Garvey Ave</u> City: <u>Maricopa</u> State: <u>Arizona</u>	
Mailing Address: <u>Same as above</u> City: _____ State: _____	
Contact Person: <u>Brady Leffler, Fire Chief</u> Phone: <u>520-494-2307</u> Email: <u>brady.leffler@maricopa-az.gov</u>	
Alternant Contact: <u>Lonnies Anderson, Assistant Chief</u> Phone: <u>520-494-2396</u> Email: <u>lonnie.inskeep@maricopa-az.gov</u>	
Check type of business that applies: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Vacant Land <input type="checkbox"/> Retail <input type="checkbox"/> Bill Board </div> <div> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Leasing Property </div> <div> <input type="checkbox"/> Wholesale <input type="checkbox"/> Agriculture <input checked="" type="checkbox"/> Fire Department </div> </div>	
Description of Business: <u>Fire Department Administration offices</u>	
General Information: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> Number of years in business: _____ Number of Employees: <u>10</u> Number of other locations: _____ Financial Ability to pay for move: _____ </div> <div> Number of years at present location: _____ Annual Gross Sales: _____ Mortgage or Lease Rate: _____ \$0 </div> </div>	
Replacement Facility Requirements: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> Parking requirements: <u>2 ADA Compliant spot</u> Building Type: _____ Loading, docks, elevator, conveyers: _____ Rail Access: _____ Traffic Requirements: _____ Preferred Location: _____ </div> <div> Zoning restrictions: _____ Utility requirements: _____ </div> </div>	
Machinery and Equipment: <div style="margin-top: 5px;"> Special requirements: <u>N/A</u> Loss of machinery: _____ Machinery complies with codes: _____ Leased Equipment, Copier, ect. _____ Special Requirements for move: _____ </div>	

BUSINESS INTERVIEW SHEET

Impact of Displace:

☐ Self Move ☒ Commercial Move
Timing move and length of time to move: 1-4 weeks for personalty
Loss of business due to interruption of move: N/A
Permit requirements at replacement site: _____
Licensing requirements at replacement site: _____

Advisory Services:

Real Estate Broker: _____

Other: _____

If Owner, Tenant Information:

Business Name: _____

DBA: _____

Site Address: _____

City: _____

State: _____

Mailing Address: _____

City: _____

State: _____

Contact Person: _____

Phone: _____

Email: _____

Alternant Contact: _____

Phone: _____

Email: _____

Business Name: _____

DBA: _____

Site Address: _____

City: _____

State: _____

Mailing Address: _____

City: _____

State: _____

Contact Person: _____

Phone: _____

Email: _____

Alternant Contact: _____

Phone: _____

Email: _____

Business Name: _____

DBA: _____

Site Address: _____

City: _____

State: _____

Mailing Address: _____

City: _____

State: _____

Contact Person: _____

Phone: _____

Email: _____

Alternant Contact: _____

Phone: _____

Email: _____

Comments:

--

**Arizona Department of Transportation
Right of Way Group
Acquisition/Relocation Sections
Relocation Appeal Hearing Process**

I. The displacee must submit an appeal of the agency's benefit determination within sixty (60) days of the agency's written decision of the displacee's claim. The filing of an appeal, however, does not automatically extend the eligibility period for relocation benefits under federal regulations; therefore, all appeals should be submitted as soon as possible within this time frame. An appeal will also not extend a required vacate date.

A. The displacee must request a relocation appeal hearing in writing. Because of time constraints and cost, if there is more than one benefit determination that is being contested it is suggested the displacee request one hearing to address all issues, and not several individual hearings.

B. The agency's assigned relocation agent, with the assistance of the agent's monitor/lead, will prepare and submit a written memorandum (Appeal Hearing Memo) to the Acquisition Manager identifying the disputed issue(s). A copy of the displacee's written notice of appeal must be attached, as well as the agent's summary of the disputed issues, with reference to the specific federal or state regulation, policy, or guideline that is being contested.

II. The agent's memorandum and supporting materials will be reviewed by the Acquisition Manager, in an attempt to resolve the issue(s) and avoid the necessity of a formal hearing. If the issue(s) is/are resolved prior to a hearing, written notification from the displacee rescinding the appeal will be required. In the event a hearing is necessary, the following procedures will be documented:

A. Hearing Date. The hearing must be set within forty-five (45) days from the date the displacee's written notice was received (date stamped) by the agency.

B. Relocation File Documentation. The agent is responsible for ensuring the following activities are completed, and documented in the displacee's relocation file in the following order:

1. Displacee's written notice to appeal (identified in I. A.)
2. Memorandum requesting the hearing to Operations Manager of the Right of Way Operations Section through, the Chief Right of Way Agent, the Assistant Chief Right of Way Agent, the Acquisition Manager, the Project Monitor/Lead, from the Right of Way Agent. (Identified in I. B)

3. Written notice from agent to displacee acknowledging receipt of displacee's written request and advising the displacee how the appeal process will be conducted. (Appeals Request Acceptance Letter).
4. Documentation to show receipt of delivery of the eligibility letter and Federal Highways Relocation Brochure.

III. Operations Manager will contact the hearing officer in writing requesting that a hearing date (including time and location) be arranged.

a. A copy of the above will be sent to the agent, the project monitor/lead, the Relocation Unit Supervisor, and the Acquisition Manager.

b. The hearing officer will typically reserve a hearing site; however, the agent will assist the hearing officer in arranging a suitable facility, preferably at an ADOT meeting place on a certain date and at a specific time. The duration of the reservation should be at least three (3) hours. Note: Arranging an ADOT conference room will reduce the costs associated with conducting an appeal hearing.

c. If the agent facilitates the hearing, then he or she is responsible for contacting the parties regarding the location and date and time it is to occur. If the agent cannot arrange a hearing site, the agent will inform the hearing officer who will then locate the appropriate facility.

5. The hearing officer will send written notice to all participants advising them of the location, date and time of the hearing.

IV. Within thirty (30) days after the hearing, the hearing officer will submit a written recommendation for the Chief Right of Way Agent's approval.

A. The agent is responsible for ensuring the displacee is notified in writing (via certified mail) of the Chief Right of Way Agent's decision. The displacee will also be advised of his or her right to pursue judicial review in the event he or she is not satisfied with either the hearing officer's recommendation or the Chief Right of Way Agent's decision. The agent will also prepare the necessary written correspondence for the Chief Right of Way Agent's signature (Appeals Letter of Decision).

V. A copy of appeals section of the federal regulations (24.10) and appeal process portion of the Right of Way Manual (10.06) is for Agent's use only.



**RIGHT OF WAY ACQUISITION SECTION
NON-RESIDENTIAL RELOCATIONS
BUSINESS PROPERTY INVENTORY
(UNCOMPLICATED MOVES)**



Arizona Department of Transportation
Right of Way Group

205 South 17th Avenue, MD 612E
Phoenix, Arizona 85007

Tangella Diaz, Right of Way Agent Phone: 602-712-6955

DISPLACEE NAME: City of Maricopa Fire Dept

Displacement Address: 44624 W. Gavey Ave

City: Maricopa

State: Arizona

Zip: 85138

Instructions for Use: When the size of the business warrants and with approval of the Manager, the agent can establish a moving reimbursement based on the FHWA Residential Moving Expense and Dislocation Allowance Payment Schedule. Requirements: Attached the following (1) Draw a sketch of the property and indicate "room count" and (2) have the displacee inventory the items to be moved using the following example:

Please list your property and quantities below, (use additional pages, if required):

Sample:

Office desks 2
Typewriters 2
Misc items 1000 lbs

Total Room Count: _____

DISPLACEE CERTIFICATION:

I/We certify that the foregoing is a true inventory of the business property located at the above referenced address:

Displacee Signature: _____

Date: 2/28/17

Project: 347 PN 172 H7007 O2R

Highway: MARICOPA ROAD

Section: UPRR Crossing

Parcel: 11-1015 R1

08/01/12



Infrastructure Delivery and Operations

Douglas A. Ducey, Governor
John S. Hallkowsky, Director
Dallas Hammit, State Engineer
Steve Boschen, Division Director

Certificate of Legal Residency in the United States

In accordance with Public Law 105-117, 105th Congress and Title 49, Code of Federal Regulations Part 24, all persons seeking relocation payments or relocation advisory assistance shall, as a condition of eligibility, certify that he/she and/or other members of the household are citizens, nationals or aliens who are lawfully present in the United States.

Residential Displacements

- A. Individual: ☐ I certify that I am a citizen of the United States
(or)
☐ I certify that I am an alien lawfully present in the United States
(or)
- B. Family: ☐ I certify that there is/are _____ person(s) in my household, that is/are Citizen(s) of the United States and _____, aliens lawfully present in the United States.

Non- Residential Displacements

- C. Sole Proprietorship: ☐ I certify that I am a citizen of the United States.
(or)
☐ I am an alien lawfully present in the United States.
(or)
☐ I am a non- U.S. citizen not present in the United States.
- D. Partnership: ☐ I certify that there are _____ partners in the partnership and that _____ are citizens of the United States, _____ are aliens lawfully present in the United States, and _____ are non-U.S. citizens not present in the United States.
- E. Corporations: ☐ I certify that _____ is established pursuant to Arizona State Law and is authorized to conduct business in the United States.


(Your signature constitutes certification)

Date 2/28/17

NOTE: The Arizona Department of Transportation or its agents may request documentation or other credible evidence in addition to this certificate. In addition, inquiries to the Bureau of Citizenships and Immigration Services (BCIS) may take place.




RIGHT OF WAY ACQUISITION SECTION

DISPLACEE INFORMATION REQUEST

The following information is being solicited in accordance with the Code of Federal Regulations, Highways, Title 23, Federal Highway Administration, Department of Transportation, Subchapter 3, Civil Rights, sub section 200.9(b)(4).

1. Displacee is an: ☐ Owner ☐ Tenant
2. Business Displacee is: ☐ Male ☐ Female
- or-
- Residential Displacee is: ☐ Male(s) # ____ ☐ Female(s) # ____
(This includes ALL members of household)
3. Race/Color/National Origin: (Primary displacee, please check one)
- ☐ American Indian or Alaskan Native
 - ☐ Asian or Pacific Islander
 - ☐ Black (Not of Hispanic Origin)
 - ☐ Hispanic
 - ☐ White (Not of Hispanic Origin)
 - ☐ Other (Specify)

4. Information completed by:

☒ Displacee  Date: 2/28/17
Signature

☐ R/W Agent  Date: ____
Signature

Agency: ADOT

Project: 347 PN 172 H7007 O2R **Section:** UPRR Crossing **Parcel:** 11-1015 R1



Infrastructure Delivery and Operations

Douglas A. Ducey, Governor
John S. Halikowski, Director
Dallas Hammit, State Engineer
Steve Boschen, Division Director

RELOCATION PAYMENTS ARE NOT CONSIDERED AS INCOME
(For All Eligible Displaced Persons)

Relocation payments are not considered as income for Federal Income Tax purposes or to determine eligibility for Social Security Payments, Welfare or other assistance. The proper citations from the Federal and State Laws are set forth below.

******* FEDERAL LAW *******

Public Law 91-646 as amended by Public Law 100-17
Section 216, 84 Stat. 1902

No payment received under this title shall be considered as income for the purposes of the Internal Revenue Code of 1954; or for the purpose of determining the eligibility or the extent of eligibility of any person for assistance under the Social Security Act or any other Federal Law.

NOTE: Reference is also made to the Code of Federal Regulations. More specifically, 49CFR24.209 - "Relocation payments are not considered as income."

******* STATE LAW *******

Senate Bill 1143
A.R.S. 28-7149

No payment received by a displaced person under this Article shall be considered as income for the purposes of the provisions of Title 43 relating to the taxation of income, nor shall such payments be considered as income or resources to any recipient of public assistance and such payment shall not be deducted from the amount of aid to which the recipient would otherwise be entitled under any Federal, State, County or City Welfare program.

NOTE: Reimbursement for Protective Rents is considered taxable income and does not fall under these provisions of the Relocation Laws and Regulations.

A copy of this statement should be given, if necessary, to any State or Federal agency or representative of any agency for their interpretation of the State and Federal Laws and Regulations, as applicable, to any of the relocation entitlements or payments in question.



RIGHT OF WAY ACQUISITION SECTION NON-RESIDENTIAL RELOCATIONS

INELIGIBLE PAYMENTS (24.301 (h))

§24.301

(h) *Ineligible moving and related expenses.* A displaced person is not entitled to payment for:

(1) The cost of moving any structure or other real property improvement in which the displaced person reserved ownership. (However, this part does not preclude the computation under §24.401(c)(2)(iii));

(2) Interest on a loan to cover moving expenses;

(3) Loss of goodwill;

(4) Loss of profits;

(5) Loss of trained employees;

(6) Any additional operating expenses of a business or farm operation incurred because of operating in a new location except as provided in §24.304(a)(6);

(7) Personal injury;

(8) Any legal fee or other cost for preparing a claim for a relocation payment or for representing the claimant before the Agency;

(9) Expenses for searching for a replacement dwelling;

(10) Physical changes to the real property at the replacement location of a business or farm operation except as provided in §§24.301(g)(3) and 24.304(a);

(11) Costs for storage of personal property on real property already owned or leased by the displaced person, and

(12) Refundable security and utility deposits.

ADOT GUIDELINES FOR PROFESSIONAL SERVICES

Regulations promulgated under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (U.S.C. 4601 *et seq.*) identify "Professional Services" as a reimbursable actual reasonable moving and related expenses for nonresidential moves (49 C.F.R. 24.301(g)(12)). A displaced business, farm or nonprofit organization may qualify for reimbursement of Professional Services that the Agency determines to be actual, reasonable, and necessary for:

§ 24.207 General requirements—claims for relocation payments.

(a) *Documentation.* Any claim for a relocation payment shall be supported by such documentation as may be reasonably required to support expenses incurred, such as bills, certified prices, appraisals, or other evidence of such expenses. A displaced person must be provided reasonable assistance necessary to complete and file any required claim for payment.

§ 24.301 Payment for actual reasonable moving and related expenses.

(g)(12) Professional services as the Agency determines to be actual, reasonable and necessary for:

- (i) *Planning* the move of the *personal property*,
- (ii) *Moving* the personal property; and
- (iii) *Installing* the relocated personal at the replacement location

§ 24.301 (h) Ineligible moving and related expenses. A displaced person is not entitled to payment for: (8) Any legal fee or other cost for preparing a claim for a relocation payment or for representing the claimant before the Agency;

§ 24.303 Related non-residential eligible expenses. (b) Professional services in connection with the purchase or lease of a replacement site including feasibility surveys, soil testing, and marketing studies (exclusive of any fees or commissions related to such site).

Agencies should work with displacee to establish acceptable rates for professional services.
Agency will not pay for duplication of services.

Reimbursement of Professional Services must be pre-approved by ADOT and a scope of services should be submitted as soon as practicable for review. Any submittal for Professional Services must include a description of the type of service to be provided, i.e. space planning, business operation requirements, conceptual floor plan, or construction documents for permit submittal. All services must relate directly to personal property items that are being relocated and reinstalled at the new location; the personal property should be identified in the scope of services. Please keep in mind that there may be reimbursable design costs provided by specialty vendors, i.e. electrical engineers and mechanical/plumbing engineers, separate and apart from those costs included in your submittal for the move and reinstallation of personal property items and equipment.

NOTE: Building design costs are not reimbursable. This includes, but is not limited to, the following expenses: civil engineering, landscaping design and layout, identification and design of partition walls, identification and design of restrooms and restroom fixtures, improvement modifications required by the American's with Disabilities Act, and general electrical outlets.

The Scope of Services should reference the term "Professional Services" in the description of work and should itemize the various services to be provided. The proposal should adequately identify the personal property being relocated and reinstalled and must address the related service being provided, the purpose of the service, and/or why the service is needed. Additionally, the proposal should be signed by the service provider as well as the displacee approving the services.

The Scope of Services should be submitted to the Agency for review of reasonableness and necessity. If any corrective action is needed in order to adhere to the Federal Regulations and Agency policy the scope of services will be remanded to the service provider with recommendations for revision.

SCOPE FOR PROFESSIONAL SERVICES

The professional services to be provided are related exclusively to the move, coordination, design, and space planning of the personal property items of your business. Please see the attached inventory of those personal property items on which these costs are based. It is understood that _____ will be relocating to a replacement site located at _____. The costs for these services have been broken out by trade specialty and are itemized in schedule A below. The fees and costs as listed are inclusive of only those expenses directly related to the professional services necessary for planning the move, moving, and reinstalling the personal property items as listed on the attached inventory, and are based on an install at a facility of approximately the same square footage as the displacement site. Specifically excluded are any costs related to the exterior grading/drainage design, surveying, and interior décor design. Additionally, structural and civil engineering costs are excluded to the extent that they are not required for the move and reinstallation of the personal property items.

SCHEDULE A

	Description of specific <i>Personal Property Item(s)</i> located at the displacement site	Description/Justification of the Activity or Service Performed	Cost
Move/Space Planning Coordination/Design:			
Architectural Design:			
Electrical Design:			
Plumbing/Mechanical Design:			
Civil/Structural Engineering (as needed):			
		TOTAL	\$ 0.00

☐ See additional information attached

Respectfully Submitted:

Authorization and approval to proceed:

By: _____
Date

By: _____
Date

Its: _____

Its: _____



RIGHT OF WAY ACQUISITION SECTION

NON-RESIDENTIAL RELOCATIONS REQUIREMENTS FOR PAYMENTS



RE-ESTABLISHMENT EXPENSES (24.304)

(\$25,000 Maximum)

§24.304 Reestablishment expenses—nonresidential moves.

In addition to the payments available under §§24.301 and 24.303 of this subpart, a small business, as defined in §24.2(a)(24), farm or nonprofit organization is entitled to receive a payment, not to exceed \$25,000, for expenses actually incurred in relocating and reestablishing such small business, farm or nonprofit organization at a replacement site.

(a) *Eligible expenses.* Reestablishment expenses must be reasonable and necessary, as determined by the Agency. They include, but are not limited to, the following:

(1) Repairs or improvements to the replacement real property as required by Federal, State or local law, code or ordinance.

(2) Modifications to the replacement property to accommodate the business operation or make replacement structures suitable for conducting the business.

(3) Construction and installation costs for exterior signing to advertise the business.

(4) Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint, paneling, or carpeting.

(5) Advertisement of replacement location.

(6) Estimated increased costs of operation during the first 2 years at the replacement site for such items as:

(i) Lease or rental charges;

(ii) Personal or real property taxes;

(iii) Insurance premiums; and

(iv) Utility charges, excluding impact fees.

(7) Other items that the Agency considers essential to the reestablishment of the business.

(b) *Ineligible expenses.* The following is a nonexclusive listing of reestablishment expenditures not considered to be reasonable, necessary, or otherwise eligible:

(1) Purchase of capital assets, such as, office furniture, filing cabinets, machinery, or trade fixtures.

(2) Purchase of manufacturing materials, production supplies, product inventory, or other items used in the normal course of the business operation.

(3) Interest on money borrowed to make the move or purchase the replacement property.

(4) Payment to a part-time business in the home which does not contribute materially (defined at §24.2(a)(7)) to the household income.

§24.207 General requirements—claims for relocation payments.

(a) *Documentation.* Any claim for a relocation payment shall be supported by such documentation as may be reasonably required to support expenses incurred, such as bills, certified prices, appraisals, or other evidence of such expenses. A displaced person must be provided reasonable assistance necessary to complete and file any required claim for payment.

NOTE: 1. ASSIGNMENT OF PAYMENT MAY BE APPLIED TO ALL OF THE ABOVE BENEFITS.

2. ADDITIONAL DOCUMENTATION MAY BE REQUIRED AT ADOT'S DISCRETION.



RIGHT OF WAY ACQUISITION SECTION

NON-RESIDENTIAL RELOCATIONS

REQUIREMENTS FOR MOVE PAYMENTS

MOVING AND RELATED EXPENSES (24.301 & 24.303)

- ☐ **Low Cost/Uncomplicated/Large/Complex Moves (Commercial or Self)**
 - Relocation Agent will obtain a bid from two (2) licensed, Insured and bonded moving companies
 - ADOT to review and pre-approve bid amount
 - A Moving Cost Determination may be provided by ADOT personnel
- ☐ **Advertising Signs at Displaced Site (if not considered realty)**
 - Description of items
 - Justification of items
 - Cost estimate
 - Invoice
 - Receipt or cancelled check (copy of both sides of check)
 - ADOT to review and pre-approve
- ☐ **Disconnect/Reconnect**

If not included in the Actual Move Bid:

 - Obtain two (2) bids
 - ADOT to review and pre-approve bid amount
- ☐ **Connect Personal Property to Utilities**

If not included in the Actual Move Bid:

 - Obtain two (2) bids
 - ADOT to review and pre-approve bid amount
- ☐ **Adapt Utilities to Personal Property**

If not included in the Actual Move Bid:

 - Obtain two (2) bids
 - ADOT to review and pre-approve bid amount
- ☐ **Cost to Transfer Utility Services**
 - Utility bill showing transfer charges
(Refundable deposits will not be reimbursed)
- ☐ **Modify Personal Property to Utilities**

If not included in the Actual Move Bid:

 - Obtain two (2) bids
 - ADOT to review and pre-approve bid amount
- ☐ **Storage Costs**
 - Actual storage costs are eligible for payment. Storage can be paid up to 12 months with the agencies approval.
 - ADOT to review and pre-approve
- ☐ **Insurance Costs**
 - Insurance for the replacement value is included in the Actual Move Bid

- ☐ **Uninsured Loss**
 - If an item is missed on the Actual Move Bid, or the moving company will not insure an item, insurance may be obtained with pre-approval by ADOT
- ☐ **Moving Permits and Licenses**
 - Verification of payment
 - Copy of Permit
- ☐ **Replacement Value of Property Lost, Stolen or Damage in the Process of Moving**
 - Where insurance covering such loss, theft, or damage is not available
- ☐ **Licenses (prorated), Fees and Permits (city inspectors)**
 - Copy of existing license(s)
 - Copy of application. If already paid:
 - Invoice
 - Receipt or cancelled check (copy of both sides of check)
- ☐ **Professional Services for Planning, Moving, Installing Personality**
 - Planning move (sketch, drawings, scope)
 - Moving
 - Installing the relocated personal property at the replacement location
 - See addition required documentation
- ☐ **Re-lettering of Signs**
 - Cost estimate (ADOT to review and pre-approve)
 - Invoice
 - Receipt or cancelled check (copy of both sides of check)
- ☐ **Reprinting Obsolete Stationary**
 - Agent verification of itemized inventory prior to move
 - ADOT-to approve cost estimate to reorder verified itemized inventory
 - Invoice
 - Receipt or cancelled check (copy of both sides of check)
- ☐ **Loss of Tangible Personal Property**
 - Verification of loss
 - Value of item (Mover to itemize disconnect, move and reconnect)
 - Cost estimate to relocate the item within fifty (50) miles of displacement site
 - Sales receipt
- ☐ **Cost to Sell Items not Relocated**
 - Description of items
 - Justification of items
 - Employee time involved (Estimated hours @ hourly wage)
 - Advertising of the item
 - Other _____
 - ADOT to review and pre-approve
- ☐ **Purchase of Substitute Personal Property**
 - Description of items
 - Justification of items
 - Receipt(s) from sale/salvage/trade-in of item
 - Cost estimate
 - Invoice
 - Receipt or cancelled check (copy of both sides of check)
 - ADOT to review and pre-approve

- ☐ **Site Search Expense**
(Agent to provide Site Search Reimbursement Form)
- ☐ **Low Value/High Bulk**
 - Description (Who, What, When, Where, Why)
 - Less of:
 - The amount which would be received if the property were sold at the site or
 - The replacement cost of a comparable quantity delivered to the new business location
- ☐ **Utility Costs from Right of Way Line**
 - Bid/Cost estimate
 - Invoice
 - Receipt or cancelled check (copy of both sides of check)
- ☐ **Professional Services for Planning, Feasible Survey/Soil Testing/Market Study, Professional Services Prior to Purchase/Rent**
 - Obtain Cost Estimate from Planner, to include:
 - Why this service is necessary
 - Who will be contracted for this service
 - When these services will occur
 - Where these services will be performed
 - What their responsibilities will entail
 - Detailed plot or site plan
 - Receipt or cancelled check (copy of both sides of check)
 - ADOT to review and pre-approve
- ☐ **Impact/Heavy Usage Utility Fees**
 - Description (What, When, Where, Why)
 - Copy of old receipts
 - Copy of new receipts, if paid
 - Cancelled check (copy of both sides of check)

Included in this category, if appropriate, is actual owner/staff time expended in directing movers in the placement of personal property at the replacement site. Documentation to detail: Why, Who, When, Where, Wage (hourly), and Time Sheet.

- NOTE:**
1. ASSIGNMENT OF PAYMENT MAY BE APPLIED TO ALL OF THE ABOVE BENEFITS.
 2. REIMBURSEMENT OF CLAIMS NOT PRE-APPROVED BY ADOT WILL NOT EXCEED THE LOWER AMOUNT OF TWO BIDS OBTAINED BY ADOT.
 3. ADDITIONAL DOCUMENTATION MAY BE REQUIRED AT ADOT'S DISCRETION.

If displacee wishes to complete a self move then the displacee is eligible to receive the lower of the two move bids and will be responsible for obtaining all required insurances and accept all responsibility for the move.



**RIGHT OF WAY ACQUISITION SECTION
NON-RESIDENTIAL RELOCATIONS**

**REQUEST FOR REIMBURSEMENT OF
SITE SEARCH EXPENSE (24.301 G[17])
(\$2,500 Maximum)**

Business Name: City of Maricopa Fire Department
Displaced Address: 44624 W. Garvey Ave. Maricopa, AZ 85138

The following properties were examined in an effort to obtain a suitable replacement property. Please obtain any business card for each property if available.

<u>DATE</u>	<u>ADDRESS VIEWED</u>	<u>CONTACT & PHONE</u>	<u>MILES</u>	<u>* TOTAL HOURS</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____
TOTAL:			_____	_____
			(miles)	(hours)

* Total hours viewed, contacted and traveled.

SITE SEARCH EXPENSE

It is estimated that the hourly rate for the time of the individual involved in the search for a suitable replacement property is \$_____ per hour (reasonable hourly rate for searching). It is understood that the mileage is reimbursed at the rate defined by the Internal Revenue Services and is updated each year. (See link below)

Based upon the foregoing information and attached receipts, the following claim for reimbursement of expense incurred during the search for a suitable replacement property is submitted:

1. Mileage:
Number of Miles _____ x Rate of _____ per mile based on: <https://www.irs.gov/tax-professionals/standard-mileage-rates> =SUB-TOTAL:\$_____

2. Hours(Time Spent):
Number of Hours _____ x Rate per hour _____ =SUB-TOTAL:\$_____

3. Lodging (if out of town travel is required)
(Please provide a copy of receipts or canceled checks.)(both sides)

Meals: \$ _____
Room: \$ _____

SUB-TOTAL:\$_____

4. Transportation (if out of town travel is required, air, bus, etc.)
(Please provide a copy of receipts or canceled checks.)(both sides)

Dates traveled: _____ / _____ / _____ Cost: \$ _____
_____ / _____ / _____ \$ _____
_____ / _____ / _____ \$ _____

SUB-TOTAL:\$_____

5. Fees paid to real estate agent to locate a replacement property, exclusive of any commissions related to the purchase or rental of the replacement property: Please provide a copy of receipts or canceled checks (both sides).

Paid to: _____ Phone: _____ Cost:\$ _____
Paid to: _____ Phone: _____ Cost:\$ _____
Paid to: _____ Phone: _____ Cost:\$ _____

SUB-TOTAL:\$_____

TOTAL CLAIM FOR SITE SEARCH EXPENSE PAYMENT (\$2,500 Maximum): \$_____

I understand that ADOT may verify any information provided.

I, the undersigned, do hereby solemnly swear, covenant and agree that all the information contained herein and above, as well as the information provided on the questionnaire and documentation is true and correct to the best of my knowledge:

Displacee Signature _____

Date _____

Agent Signature _____

Date _____