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| --- | --- |
| Project Title:  | Parcel No.:  |
| Displaced Business Name:  | Telephone No.:  | Displacee No.:  |
| Replacement Site Address: | Claim No.:  |

The following items may be reimbursable reestablishment expenses. **The reimbursement for expenses claimed cannot exceed $50,000, per WAC 468-100-306(1)**. Both written and photographic documentation of expenses should be attached to this form.

|  |  |  |
| --- | --- | --- |
|  | **Claimed** | **Eligible** |
| 1. Repairs or improvements to the replacement real property as required by Federal, State or local law, code or ordinance
 | $ | $ |
| 1. Modifications to the replacement property to accommodate the business operation or make replacement structures suitable for conducting the business (excludes new construction and capital assets)
 | $ | $ |
| 1. Construction and installation costs for exterior signing to advertise the business
 | $ | $ |
| 1. Redecoration or replacement of soiled or worn surfaces at the replacement site
 | $ | $ |
| 1. Advertisement of the replacement location
 | $ | $ |
| 1. Increased costs of operation during the first two years at the replacement site
 | $ | $ |
| 1. Other items that Agency considers essential to the reestablishment of the business
 | $ | $ |
| **Total Amount Claimed** | **$** |  |
| **Total Amount Eligible** |  | **$** |

I hereby certify under penalty of perjury that the items and amounts listed herein are proper charges are true and correct, and I am authorized to sign for the claimant. Furthermore, I understand this claim is not a guarantee of reimbursement until it is approved by the Agency.

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| Applicant Signature:  | Title: | Date: |

I certify that, to the best of my knowledge, this applicant meets all the criteria necessary for qualification for reestablishment expenses.

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| --- | --- |
| Relocation Agent: | Date: |
| Relocation Supervisor: | Date:  |
| Agency Authorization: | Date: |

|  |
| --- |
| Amount Approved  |
| **$** |