

CITY OF SANDY SPRINGS
APPLICATION FOR RELOCATION ASSISTANCE

BUSINESS (X) N.R.O. () FARM () NONPROFIT ORGANIZATION ()

PROJECT/PI#/CO/PARCEL#: P.I.# 0010385, FULTON COUNTY, PARCEL # 11

NAME: STATE FARM/ RICHARD R. BEAVERS/ AKA RANDY BEAVERS

PRESENT ADDRESS: 135 MOUNT VERNON HIGHWAY, SANDY SPRINGS, GA 30328

SSN# or F.E.I.#: _____

We presume that all displacees will accept the monetary assistance which is available; many persons prefer to find their own replacement facilities. Please indicate below whether or not you want assistance in finding replacement facilities.

_____ Do desire assistance _____ Do not desire assistance.

I, the above named, who presently owns personal property or rental property at the above parcel of land elect to have my relocation costs calculated by the method checked below: (See brochure under the heading "Displaced Businesses, Farm Operators, Farm Operations, Nonprofit Organizations, and Owners of Other Personal Property" for selection of Method).

_____ Method A (Self Move/DOT Est.); _____ Method B - Moving Contractor

_____ Receipted Bills

_____ Method C - Average Earnings; _____ Reestablishment Costs

The following payments are not applicable when Method C is used. Also these payments are additional and optional to Methods A & B if the operator chooses to apply for these payments.

_____ Replacement site Searching Expenses not to exceed \$2,500.00.

_____ Losses of tangible personal property.

If Method C is chosen, to establish the amount of said earnings applicant submits herewith true and accurate copies of Federal Income Tax Returns or Certified financial statements certified by a CPA authorized to practice business in the State of Georgia, filed by said business or farm operation and by claimant (and by claimant's spouse and dependents, if they, or any of them, received compensation therefrom) during the two taxable years immediately preceding the taxable year in which the business or farm operation is displaced. Claimant has not nor does not intend to amend or revise said returns, and has received no indication from the Federal government to the effect that said returns are incorrect.

I (we) have read the Georgia Department of Transportation's brochure on moving, and understand the procedures of reimbursement for each method. The method indicated above is my (our) choice and I (we) agree to conform with the procedures as set forth in said brochure.

I (we) certify to the Georgia Department of Transportation that the foregoing information is correct; that I (we) do qualify to receive relocation moving costs and/or reestablishment costs. (I), (we), certify that each individual listed on this claim for payment as being a displacee, is LAWFULLY PRESENT IN THE UNITED STATES. I also fully understand that if such person(s) is not lawfully present in the UNITED STATES, in accordance with PUBLIC-LAW 105-117, that (He), (She), (We), will not be eligible for Relocation Assistance Benefits, as outlined in 42 U.S.C. 4601-4655, under the Uniform Relocation Assistance and Real Property Acquisition Policies Act.

(Name of Claimant)

(Date)

I certify that the applicant who presently owns the property and/or personal property for a part thereof on the above listed parcel; that this application is correct, and he/she is eligible for relocation assistance.

(CITY OF SANDY SPRINGS & D.O.T. Representative)

(Date)

ROW-RA-32

Revised 05/07/14