

# **Relocation Guidelines**

For the

**Non-Time Critical Residential Soil Removal Action**

for the

**Anniston PCB Site**

**Anniston, Alabama**

Prepared by

**ENTACT & Associates LLC**

**1010 Executive Court, Suite 280**

**Westmont, Illinois 60559**

# Questionnaire

1. Do you or any family members have any special needs? (e.g., handicap accessible, special provisions for health concerns).

Y or N Explain:

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2. Do you require a smoking room?

Y or N

3. Do you have pets that will need to be temporarily relocated?

Y or N

4. How many pets and what type?

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5. Do your pets have all their appropriate shots?

Y or N

You may have to verify this if the pet is kenneled. Be sure to bring proof

6. Would you like the use of a safety deposit box for valuables that you do not want to take with you to your temporary residence?

Y or N

7. Do you have any large expensive items (e.g., electronic equipment including TVs, VCRs, an stereos) that you would like to put in storage while you are staying at your temporary residence?

Y or N Describe:

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8. Other information you believe would be helpful to assist us in identifying appropriate temporary housing:

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I certify that the above information is accurate.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

**ENTACT & Associates, LLC  
Temporary Relocation  
Agreement**

Applicant Number:

ENTACT Interviewer(s):

This is an agreement between ENTACT & Associates, LLC (ENTACT), on behalf of Monsanto Company, and Mrs./Ms. \_\_\_\_\_ ("Residents"), as representatives for the household located

at \_\_\_\_\_  
(address of primary residence)

A removal action is necessary at your residence. During the time that the removal action is underway, you and your family (those residing at residence listed above) will be offered temporary relocation.

Residents hereby accept temporary relocation from their primary residence to the Best Western Hotel or other location described as follows: \_\_\_\_\_, Residents acknowledge that direct lodging and any related increase in their out-of-pocket expenses, as described below, will be reimbursed.

Residents agree that all household members will leave their primary residence on [date]. Residents understand that estimated time for the temporary relocation will be for one week.

Residents understand that they are responsible for continuing to make their mortgage/rent payments while they are temporarily relocated.

Residents understand that they are responsible for continuing to make payments on their homeowners or renters insurance at their primary residence.

Residents agree to make appropriate payments to the various utility companies providing service to their primary residence.

Residents also agree to abide by the rules of the motel/hotel, or the apartment management at the temporary residence, and understand that failure to do so may result in their being asked to leave and may result in a reduction of their temporary relocation assistance.

At check out from the hotel, residents agree to pay for any long distance phone calls, pay per view television, and any other charges not covered by the basic room rate being paid by ENTACT. Residents understand that if they fail to pay these hotel expenses, ENTACT may withhold part of their temporary relocation reimbursement.

Residents understand that they are responsible to the Hotel for any damage to the temporary residence and furniture done by themselves, their family, or their guests. Residents understand that ENTACT may withhold part of their temporary relocation reimbursement if they fail to compensate the Hotel for damages.

Residents understand that ENTACT will notify them when their temporary relocation assistance will end. If residents choose not to return to their primary residence after that date, they are responsible for any additional expenses they incur.

Residents understand that, for safety reasons, they will not be able to return to their primary residence while they are temporarily relocated, and they should take all necessary personal property and records to their temporary residence.

Residents understand and agree that expenses will be reimbursed as follows:

Since residents will not have cooking facilities at the hotel, they will be provided with a per diem to cover meals and other miscellaneous expenses. The per diem rate will be \$31.00 per day for each person 12 years old and older, and \$15.50 per day for children under 12 years old. The per diem can be used for meals or other incidental expenses. On travel days (moving into or out of the hotel) relocated residents will receive 75 percent of the per diem rate, \$23.25 per day for each person 12 years old and older, and \$11.25 per day for children under 12 years old. The per diem will be paid at the end of the relocation term, upon check-out of the hotel.

Additional reimburseable expenses:

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As representatives of my/our household, I/we have read this agreement and understand and accept the terms and conditions of this temporary relocation agreement. I/we request that the temporary relocation assistance checks be made payable to:  
(resident or guardian)

Signature(s) of agreement:

Resident(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**Attachment 2****Application for Determining Temporary Relocation Assistance**

Applicant Number:	Head(s) of Household (select one or two adults to represent the family. This is the name of the person(s) that reimbursement checks will be made out to):
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Primary Residence Address:

Occupancy Basis at Primary Address:	Owner	Tenant	Living with Friend or Family. No rent paid	
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Type of Primary Residence	House	Apartment	Mobile Home	Other
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Name and Address of Landlord/Mortgage Holder at Primary Address:

**Phone Numbers of Residents**

At Primary Address:

Adult at Work:

Other:

**Occupants at Primary Address**

Name	Age	Sex	Relationship to Head(s) of Household
1.			
2.			
3.			
4.			
5.			