**WAIVER OF APPRAISAL AND FAIR MARKET VALUE**

[CH. 32 Wis. Stats.](https://docs.legis.wisconsin.gov/statutes/statutes/32) / [49 CFR 24. 102](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=c491818cf707f3dca3e0cf7aee5d3cae&mc=true&n=pt49.1.24&r=PART&ty=HTML#se49.1.24_1103)(c)(2)(ii)

*(Delete the “Attachment 5-N” line in the header and this note when customizing form for use. This form is provided as guidance only. Modify text and options below as needed. Alternative format acceptable, contingent upon required language being included in appraisal waiver.)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DEHCR PROJECT/CONTRACT I.D.: [Enter UGLG Name and Grant Agreement #, e.g., Village of Yourville CDBG-PF 24-01; OR Enter UGLG Name and DEHCR Grant Program if no Award or Grant Agreement yet, e.g., Village of Yourville CDBG Public Facilities] | | | | | | | | | | | | |
| Owner(s) (i.e., SELLER(S)):  [Enter Owner(s)/Seller(s) Full Name(s)] | | | | | | | Area of Interest Required:  Street Address(es): [Enter Street Address (if assigned; or only Street name for location, if the location does not have an assigned street address), City, State, Zip]  Parcel #(s): [Enter Parcel #/I.D.]  County: [Enter County] | | | | | |
| PROPERTY TYPE: (Check All That Apply) | | | | | | | | | | | | |
| Land  Land – Permanent Limited Easement Only  Land – Temporary Easement Only | | | | | | | | | | | | |
| Building (Residential)  Building (Non-Residential)  [Enter Other Type if applicable] | | | | | | | | | | | | |
| PROPERTY VALUATION: | | | | | | | | | | | | |
| [Enter Property Type] | [Enter sq. ft.] sq. ft. | | | x | | $ | | | [Enter Amt.] /sf | = | $ [Enter Amt.] | |
| [Enter Property Type] | [Enter sq. ft.] sq. ft. | | | x | | $ | | | [Enter Amt.] /sf | = | $ [Enter Amt.] | |
| [Enter Property Type] | [Other Calculation] | | | x | | $ | | | [Enter Amt.] | = | $ [Enter Amt.] | |
| [Enter Property Type] | [Other Calculation] | | | x | | $ | | | [Enter Amt.] | = | $ [Enter Amt.] | |
|  | | | | | | | | | Valuation Total: | | $ [Enter Amt.] | |
| BASIS OF VALUATION: | | | | | | | | |  | |  | |
| [Enter sources(s) and date(s) obtained/accessed] | | | | | | | | | | | | |
| PROPERTY SETTLEMENT AMOUNT: | | | | | | | | | | |  | |
|  | | | Settlement Amt. (Valuation Total (Rounded)): | | | | | | | | $ [Enter Amt.] | |
|  | | | | | | | | | | | | |
| The undersigned seller(s), having been fully informed of the right to have the property appraised, and to receive the current market value of the property as just compensation based upon an appraisal, waive the right to an appraisal and the current market value of the property, and agree to accept settlement in the above-stated amount as full payment for the parcel(s) stated, subject to approval by the [UGLG] [UGLG Governing Body Name].  The undersigned seller(s) acknowledge(s) receipt of the following document(s), which include(s) a summary of an owner’s rights under Wisconsin law and the Uniform Relocation and Real Property Acquisition Act of 1970 (URA):   1. [List state and federal brochures/publications provided – include all applicable]   [List state and federal brochures/publications provided – include all applicable]  The undersigned seller(s) further acknowledge(s) that the decision to waive the right to appraisal and waive the right to the current market value of the property as just compensation, was made without undue influences or coercive action of any nature.  It is intended that the instrument of conveyance will be executed upon presentation to the [UGLG] [UGLG Governing Body Name]. | | | | | | | | | | | | |
| **SELLER(S):**  [Enter Business/Organization Name Here, if Applicable] | | | | | | | | | | | | |
| X | |  | | |  | | | X | | | |  |
| Owner Signature | | Date | | |  | | | Owner Signature | | | | Date |
| [Full Name (and Position Title, if Business)] | |  | | |  | | | [Full Name (and Position Title, if Business)] | | | |  |
| **BUYER(S):** | |  | | |  | | |  | | | |  |
| [Enter DEHCR Grantee/UGLG/Buyer Name Here] | | | | | | | | | | | | |
| X | |  | | |  | | | X | | | |  |
| Authorized Signature | | Date | | |  | | | Authorized Signature | | | | Date |
| [UGLG Rep. Full Name and Title] | |  | | |  | | | [UGLG Rep. Full Name and Title] | | | |  |