**WAIVER VALUATION**

[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 “(TEMPLATE)” 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.* ***Remove yellow highlighting.*** *Alternative format acceptable, contingent upon required language being included.)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DEHCR PROJECT/CONTRACT I.D.: [Enter Grantee Name (Local or Tribal Government) and Grant Agreement #, e.g., Village of Yourville FFP 24-01] | | | | | | | | | | | | |
| 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 here] | | | | | | | | | | | | |
| PROPERTY SETTLEMENT AMOUNT: | | | | | | | | | | |  | |
|  | | | Settlement Amt. (Valuation Total (Rounded)): | | | | | | | | $ [Enter Amt.] | |
| The undersigned Seller(s) and Buyer(s) acknowledge that the acquisition of the real property described above qualifies for a waiver of an appraisal under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) due to the estimated value of the property not exceeding $15,000. This valuation is prepared in lieu of an appraisal and represents the fair market value as determined on the basis of valuation stated above.  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 URA:   1. [List Wisconsin State acquisition/relocation brochure provided – include all applicable] 2. [List Wisconsin State acquisition/relocation brochure provided – include all applicable]     The undersigned seller(s) and owner(s) agree to the settlement in the above-stated amount as full payment for the parcel(s) stated, subject to approval by the [Grantee Name, e.g., Village of Yourville] [Grantee Governing Body Name, e.g., Board of Trustees]. It is intended that the instrument of conveyance will be executed upon presentation to the [Grantee/Buyer’s Name, e.g., Village of Yourville] [Grantee’s/Buyer’s Governing Body Name, e.g., Board of Trustees]. | | | | | | | | | | | | |
| **SELLER(S):**  [Type Business/Organization Name, if applicable, or delete this line] | | | | | | | | | | | | |
| X | |  | | |  | | | X | | | |  |
| Owner Signature | | Date | | |  | | | Owner Signature | | | | Date |
| [Type Owner #1 Full Name, & Position Title if a Business/Organization] | |  | | |  | | | [Type Owner #2 Full Name (if applicable), & Position Title if a Business/Organization] | | | |  |
| **BUYER(S):** | |  | | |  | | |  | | | |  |
| [Type Buyer Name (e.g., Grantee or Subrecipient or other Buyer Entity Name] | | | | | | | | | | | | |
| X | |  | | |  | | | X | | | |  |
| Authorized Signature | | Date | | |  | | | Authorized Signature | | | | Date |
| [Type Grantee/Buyer Rep. #1 Full Name & Position Title] | |  | | |  | | | [Type Grantee/Buyer Rep. #2 Full Name (if applicable) & Position Title] | | | |  |