

**Private Property Debris Removal
Application**



For Office Use Only

Tracking Number: _____

Date Received: _____

1. PROPERTY INFORMATION

Property Owner's Full Legal Name:

Property Address:

City:

State:

Zip Code:

2. CONTACT INFORMATION

Applicant/Designated Contact's Name:

Phone Number:

e-Mail Address:

3. REQUIRED MATERIALS

The following items must be included in your application packet. Please initial on each line below.

_____ Signed and completed Right-of-Entry document;

_____ Copy of your property insurance policy, if you are insured;

_____ Proof of Loss or Statement of Loss from the insurance company, if were insured at the time of the event;

_____ Copy of your driver's license or valid identification;

_____ Copy of tax statement or deed to document ownership;

4. PROGRAM TYPE REQUESTED

_____ Private Property Debris Removal. Provide a description of debris in the box below;

_____ Demolition. Provide a description of the structural damage in the box below;

_____ Special considerations (selective salvage);

5. REQUIRED ACTIONS

The following actions must be completed prior to your FEMA site visit. By initialing below, you acknowledge that a site visit may not be performed if all actions have not been completed.

_____ Remove all personal property from the location from which debris is being removed;

_____ Review all materials regarding Private Property Debris Removal provided by Bay County.

6. OWNER’S/APPLICANT’S CERTIFICATION

I hereby certify that the information provided herein is true and correct to the best of my knowledge. I authorize Bay County to distribute this information to its contractors and partners for use for the Private Property Debris Removal Program.

Signature: **X**_____

Print Name: _____

Date: _____