



Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES



**CAMP FIRE DEBRIS REMOVAL OPERATION
PROPERTY DAMAGE CLAIM**

Property Owner Name: _____

Address: _____

Property Owner Claim:

Property Owner Signature

Date

Division Supervisor Statement:

Tetra Tech Division Supervisor Signature

Date

Resolution:

Approval:

CalRecycle Operations Chief/Cal OES Special Advisor

Date

Cal OES Incident Commander

Date