THE CITY OF SAN RAFAEL WILDFIRE MITIGATION ASSISTANCE REQUEST INTAKE FORM

DATE	INTAKE NO.

NAME

PHONE

ADDRESS

ALT PHONE

CITY, ZIP

EMAIL

HOUSEHOLD SIZE

AGES OF HOUSEHOLD MEMBERS

DOES ANY HOUSEHOLD MEMBER HAVE PHYSICAL LIMITATIONS? ☐ YES ☐ NO

HOUSEHOLD INCOME

☐ <$40,000 ☐ $40-$54K ☐ $55-$74K ☐ $75-$95K ☐ $95-$118K ☐ $119-$150K ☐ $150K+

DOES HOMEOWNER NEED TO BE PRESENT FOR WORK TO BE COMPLETED? ☐ YES ☐ NO   **IF NO PLEASE EXPLAIN WHY**

IS THIS THE OCCUPANT'S PRIMARY RESIDENCE? ☐ YES ☐ NO   **THIS PROPERTY IS:** ☐ OWNER OCCUPIED ☐ RENTER OCCUPIED ☐ SHORT TERM RENTAL

SAFETY

TREES OR OTHER VEGETATION NEAR OR ENTANGLED WITH POWER LINES? ☐ YES ☐ NO ☐ UNKNOWN   **VOLUNTEERS WILL NOT WORK NEAR POWERLINES**

POISON OAK, SUMAC, OR IVY PRESENT? ☐ YES ☐ NO ☐ UNKNOWN   **UNRESTRAINED ANIMALS ON PROPERTY?** ☐ YES ☐ NO

OTHER INFO

VEGETATION WORK

DO YOU HAVE SURFACE FUELS (DEAD, DYING, AND CONTINUOUS) WITHIN 50 FEET OF STRUCTURE ☐ YES ☐ NO ☐ UNKNOWN

DO YOU HAVE BRANCHES OVER HANGING ROOF? ☐ YES ☐ NO ☐ UNKNOWN

DO YOU HAVE VEGETATIVE DEBRIS UNDER DECK OR STAIRS? ☐ YES ☐ NO ☐ UNKNOWN

PROVIDE SPECIFIC DIRECTION ON ANYTHING NOT TO DO

DESCRIBE THE FUEL REDUCTION WORK YOU ARE REQUESTING VOLUNTEER HELP TO COMPLETE. THERE IS NO GUARANTEE THAT ANY OR ALL WORK WILL BE COMPLETED.

VEGETATIVE DEBRIS REMOVAL PLAN

CAN THE MATERIAL BE LEFT SAFELY PILED ON THE PROPERTY? ☐ YES ☐ NO   **DO YOU WANT TO KEEP THE MATERIAL (COMPOST, FIREWOOD, ETC.)?** ☐ YES ☐ NO

I VERIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE

 # PERSONNEL REQUIRED: **HOURS/DAYSEQUIRED:**

SPECIAL SKILL REQUIREMENTS:

TOOLS NEEDED:

OTHER INFO:

RESLEASES SIGNED BY: ☐ HOMEOWNER/LANDLORD   ☐ OCCUPANT (IF APPLICABLE)

CONTACT LOG   INCLUDE DATE, INITIALS AND COMMENTS:

MAP/DRAWING OF PROPERTY AND WORK REQUIRED:
(INCLUDE INFORMATION ABOUT GROUND SLOPE, PARKING ON OR OFF STREET AND OTHER POTENTIAL HAZARDS)

JOB STATUS
DATE/INITIAL

| | INSPECTION/SCOUTING COMPLETED | NAME | DATE |

| | PARTIALLY COMPLETE | TEAM LEADER | DATE/TIME/HOURS |

WHAT NEEDS TO BE COMPLETED?

| | PROJECT COMPLETE | COMPLETED BY | DATE/TIME/HOURS |

WHAT WAS COMPLETED?

FOLLOW UP ACTIONS