

## Debris Insurance Withholding Form

This form is for property owners who have received debris removal insurance funds and who are withholding all or a portion of those funds. To withhold any debris removal-related expenses, property owners should complete this form, attach the appropriate documentation and submit to the County along with any remaining debris insurance proceeds.

Property Address: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Mailing Address (if different from Property Address): \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Debris removal proceeds paid by your insurance company: \$ \_\_\_\_\_

PRIVATE DEBRIS RELATED EXPENSES	\$ AMOUNT

I am withholding \$ \_\_\_\_\_ of my debris insurance proceeds for the listed debris removal related expenses and/or any of the following situations. Please initial below if either apply.

\_\_\_\_\_ I may have additional expenses for debris removal issues or repairs and will contact the County upon confirmation I am done to reconcile remaining debris insurance funds, if any, to be remitted.

\_\_\_\_\_ I will contact the County upon completion of my rebuild and/or purchase of a replacement home to reconcile remaining debris insurance funds, if any, to be remitted.

I am submitting my remaining debris insurance proceeds in the amount of \$ \_\_\_\_\_

(Make check out to County of Sonoma and mail to: PO Box 14310, Santa Rosa CA 95403)

I state that I have not received any duplication of benefits for the government debris removal performed on my property and these withheld expenses. I further state that the above is true and correct. I understand the County of Sonoma is relying on the truth and accuracy of the above information and any documentation submitted with this statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_