

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 or repairs.** I agree to contact the County upon completion of debris related work and provide documentation (receipts, etc.) for the work. All remaining debris insurance funds, if any, will be remitted at that time.

_____ **My policy does not specify an amount for debris removal.** I will contact the County upon completion of my rebuild and/or purchase of a replacement home to reconcile any remaining insurance funds that could apply to debris removal.

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 95402)

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: _____