

Debris Insurance Reimbursement Request Form

This form is for property owners who have received an insurance check made payable to them and the County of Sonoma or who have been notified by the County of Sonoma it has received their debris removal insurance funds and are requesting reimbursement of all or a portion of those funds for additional debris removal-related expenses. To request reimbursement for debris-related expenses, property owners should complete this form, attach appropriate documentation and submit to the County.

Property Address: _____

Owner Name(s): _____

Mailing Address (if different from Property Address): _____

City, State Zip: _____

Phone: _____ E-mail Address: _____

Insurance Company: _____ Claim Number: _____

Total debris removal insurance proceeds paid: \$ _____

PRIVATE DEBRIS RELATED EXPENSES	\$ AMOUNT
TOTAL PRIVATE DEBRIS RELATED EXPENSES	

I request reimbursement for \$ _____. Please initial below if the following also applies to your request for reimbursement:

_____ 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.

I state that (1) I have not received any duplication of benefits for the government debris removal performed on my property and these requested reimbursement expenses; (2) the expenses identified above are an allowable expense within the category of insurance that paid the debris removal funds; and (3) all statements made by me are 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: _____