



OFFICE OF THE AUDITOR-CONTROLLER

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Debris/Tree Removal Payment Form

This payment is for:

2017 Wind Complex Fire

2018 Camp Fire

2020 North Complex Fire

Type of removal:

Debris Removal

Tree Removal

Contact Information

Name: _____

Email: _____

Phone: _____

Current Mailing Address: _____

City, State, Zip: _____

Property Information

APN: _____

Address of Clean Up: _____

City, State, Zip: _____

ROE Completed: Yes No

Copy of Insurance on File: Yes No