DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency Hermit's Peak/Calf Canyon Claims Office

OMB Control No. 1660-0159 Expiration Date: 11/30/2026

SMOKE & ASH CLEANING

CLAIMANT CONTACT INFORMATION							
Claim Number:	Primary	/ Claimant Name:					
Damaged Property Address:							
City, State, and Zip:							
Coordinates (Optional):							
Latitude:	Longitude:						
Contact Phone Number:	Email ((Optional):					
Are you the legal owner of the damaged property or do you rent? Own Rent			Are there others with a legal interest in the property? ☐ Yes ☐ No				
NAMES OF OTHER OWNERS							
		MAIN STF					
Estimated Sq. Ft. of dwelling (include attached garage):			Number of Stories:				
CONTENTS							
Are you requesting compensation for contents cleaning? Cleanup and Restoration A already undertaken for the			Actions Taken (Describe any cleanup or restoration efforts e affected areas):				
☐Yes ☐No	YesNo						
OTHER STRUCTURES ON PROPERTY							
Are there detached structures on the property for cleaning? Yes No							
LIST OF DETACHED STRUCTURES							
TYPE OF STRUCTURE				ESTIMATED SQ. FT.	NUMBER OF STORIES		
Additional Information:							
/ taditional information.							

CO-OWNERS					
The undersigned declares under penalty of perjury under the laws of the United States that the foregoing is true and accurate. The undersigned also declares under penalty of perjury under the laws of the United States that they are the legal owner of the property that requires cleaning and that all legal owners are identified:					
Primary Claimant Signature:	Claimant Printed Name:	Date:			
If the property has additional legal co-owners, they should sign below and indicate their payment preferences.					
The undersigned declares under penalty of perjury under the laws of the United States that the information documented about the reported structures, contents, and need for smoke, ash, and soot cleaning on this worksheet is true and correct. The undersigned also declares under penalty of perjury under the laws of the United States that they are a legal owner of the property that requires cleaning and that all other legal owners are identified and have also signed.					
Do all co-owners consent to a single payment made to the above primary claimant? Yes No					
If "No" to question above, all co-owners should identify the percentage of payment they should each receive next to their name (including the primary claimant listed above):					
Co-Owner Signature:	Co-Owner Printed Name:	% of Payment: Date:			
Co-Owner Signature:	Co-Owner Printed Name:	% of Payment: Date:			
Co-Owner Signature:	Co-Owner Printed Name:	% of Payment: Date:			