

RISK REDUCTION PROPOSAL

CLAIMANT CONTACT INFORMATION

Claim Number:	Name:		
Current Address:	City, State, Zip, and County:		
Contact Phone Number:	Email (optional):		
Property Address of Proposed Risk Reduction:	City, State, Zip, and County:		

WHAT KIND OF PAYMENT ARE YOU SEEKING?

- Advanced payments for work not yet started Reimbursements for completed work

Please include an explanation of the risk or hazard to be mitigated and how this risk is connected to the Hermit's Peak/Calf Canyon fire and flood event.

Statement:

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SELECT PROJECT TYPE(S) (Select all applicable boxes)

FIRE	<input type="checkbox"/> Defensible Space Measures <input type="checkbox"/> Install Multi-paned/Tempered Glass <input type="checkbox"/> Install/Replace Ember Resistance Vents <input type="checkbox"/> Replace Exterior Doors and Cladding <input type="checkbox"/> Install Non-Combustible Gutters <input type="checkbox"/> Install/Replace Exterior Wall Coverings <input type="checkbox"/> Decks <input type="checkbox"/> Install/Replace Shutters <input type="checkbox"/> Other (Include description below):
FLOOD	<input type="checkbox"/> Temporary Flood Control Measures <input type="checkbox"/> Elevate or Flood-Proof Utilities <input type="checkbox"/> Flood Protection Measures for Sewer Utility Systems <input type="checkbox"/> Anchor Fuel Tanks <input type="checkbox"/> Flood-Proofed Basements <input type="checkbox"/> Install Flood Vents <input type="checkbox"/> Lot Grading Improvement <input type="checkbox"/> Reduce Impervious Surfaces <input type="checkbox"/> Use of Flood Resistant Building Materials <input type="checkbox"/> Culverts <input type="checkbox"/> Other (Include description below):

DESCRIPTION OF WORK PERFORMED AND/OR TO BE PERFORMED

Provide your response below. Describe the heightened risk(s) to your property that the proposed project addresses. Please note that all proposed work must be performed in accordance with local and state building codes and standards, which need to be included in the project description.

If additional space is required for your response, you may attach additional pages. Please keep all original documents and retain a copy of this Risk Reduction Proposal form for your records.

DATE THAT WORK WILL BE COMPLETED BY AND PROJECT DURATION

*(For reimbursement of already completed projects,
please indicate the timeframe which the project was conducted)*

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ESTIMATE OF WORK

Please complete the table below or, if working with a licensed contractor, attach your invoice with an itemized list of project costs to this form. For reimbursements, please include proof of payment provided to contractor or itemized list of project costs including labor and materials.

QUANTITY	MATERIAL AND/OR DESCRIPTION	COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL COST		\$

Name of Contractor Company:	Phone Number of Contractor Company:
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Contractor License Number:	Contractor Address:
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PERMITS AND CODE ENFORCEMENT

Claimants are responsible for obtaining all applicable federal, state, and local permits and other authorizations and adhering to permit conditions for project implementation prior to construction. For project reimbursements, please include any applicable building permits or zoning approvals as well as any state and federal approvals and permits that have been acquired.

Please list the obtained permits and authorizations for your project:

AGREEMENT

I, the undersigned, certify that the information provided in this form is accurate to the best of my knowledge. Your signature authorizes the Claims Office to visually inspect your property to verify that the risk reduction project is complete.

Claimant Signature:

Date:

Claims Reviewer and/or Claims Office Technical Assistance Staff:

Date:

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