**ROE No.** \_\_\_\_\_\_\_\_\_\_\_\_ **GPS Location:**

**Longitude**\_\_\_\_\_\_\_\_\_\_\_

**Latitude**\_\_\_\_\_\_\_\_\_\_\_\_

**RIGHT-OF-ENTRY ON PRIVATE PROPERTY FOR DEBRIS REMOVAL**

Property Address/Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Owner or Tenant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right of Entry**

I certify that I am the owner, or an owner’s authorized agent, of the property described above. I grant, freely and without coercion, the right of access and entry to said property to the United States Government, including but not limited to the US Army Corps of Engineers and the Federal Emergency Management Agency (FEMA), the State of XXXX, Jurisdiction, and each of their agencies, agents, contractors, and subcontractors, for the purpose of removing and/or clearing any or all storm-generated debris from the above-described property.

**Hold Harmless**

I understand that this permit is not an obligation upon the government to perform debris removal. I agree to indemnify and hold harmless the United States Government, the US Army Corps of Engineers, FEMA, the State of XXXX, Jurisdiction, and any of their agencies, agents, contractors, and subcontractors, for damages of any type whatsoever, either to the above-described property or to persons situated thereon. I release, discharge, and waive any action, either legal or equitable, that might arise by reason of any action of the above entities. I will mark any sewer lines, septic tanks, water lines, and utilities located on the described property.

**Duplication of Benefits**

Most homeowner’s insurance policies have coverage to pay for removal of storm-generated debris. I understand that Federal law (42 United States Code 5155 et seq.) requires me to reimburse the Federal government, through Jurisdiction, the cost of removing the storm-generated debris to the extent covered in my insurance policy. I also understand that I must provide a copy of the proof/statement of loss from my insurance company to Jurisdiction. If I have received payment, or when I receive payment, for debris removal from my insurance company, or any other source, I agree to notify and send payment and proof/statement of loss to Jurisdiction for final recovery by FEMA. I understand that all disaster related funding, including that for debris removal from private property, is subject to audit. (I/We) acknowledge(s) that information submitted will be shared with other government agencies, federal and nonfederal, and contractors, their subcontractors and employees for purposes of disaster relief management and for the objectives of this right of entry.

**By signing this document, (I/we) certify that (I/we) (am/are) the owner of this property and /or that (I/we) (am/are) authorized to sign this right of entry.**

For the consideration and purposes set forth herein, I hereby acknowledge by my dated signature below.

Signed this,\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20XX.

(All owners must sign)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different from municipal address listed above):

Current Telephone Number(s)

Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please do not remove the following items:

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