



FEMA

Subject: Attachment A: Form for Identification of Property Requiring Debris Removal to Eliminate Immediate Threats to Life, Public Health, Safety, or Property

Reference: Recovery Division Policy Number 9523.14

Disaster Declaration: DR-1603, DR-1604, and DR-1605

City: _____

County or Parish: _____ **States of Louisiana, Mississippi, and Alabama**

Name and/or description of area in which debris removal will occur, including (where available) name of property or other identifying information.

By signing this form, I hereby certify that debris removal in the area identified above is required in order to eliminate an immediate threat to life, public health, safety, or property:

Certification by Responsible Community Official:

The property and structure information on this form is correct to the best of my knowledge.

Name (printed): _____

Title: _____

Signature: _____

Date: _____