

Hurricane Milton Storm Debris Self-Haul Form

To be completed by individuals hiring a Commercial Business to remove storm debris from their residential property.

Property Owner's or Renter's Name: _____

Property Address: _____

Name of Landscape Contractor: _____

Please initial the following:

- This storm debris is from the residential property listed above. _____ (initial)
- This material is only storm debris and does not include any other landscaping or land clearing material. _____ (initial)
- I have not paid a disposal fee to this contractor, as there are no disposal fees being charged at this storm debris drop-off site. _____ (initial)
- I will not be making a claim with my insurance company for cost of this storm-debris management. _____ (initial)

ACKNOWLEDGEMENT

I hereby certify that the above statements are true and correct to the best of my knowledge.

Signature of Property Owner or Renter

Date



Hillsborough
County Florida