



Leon County

Board of County Commissioners

301 South Monroe Street, Tallahassee, Florida 32301
(850) 606-5302 www.leoncountyfl.gov

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PARWEZ ALAM
County Administrator

HERBERT W.A. THIELE
County Attorney

September 19, 2008

RE: Leon County Catastrophe Fund

The Leon County Board of County Commissioners has authorized the creation of the Leon County Catastrophe Fund (Catastrophe Fund). This fund was created to provide eligible residents assistance towards the payment of Leon County Solid Waste and Leon County Building/Growth Management fees for damages caused as result of a local declared state of emergency event.

In order to receive assistance, residents must demonstrate that all other means, including but not limited to Federal Emergency Management Assistance (FEMA) Individual Assistance and property insurance have been exhausted prior to seeking County assistance.

Qualified residents will have their Leon County Solid Waste and/or Leon County Building/Growth Management fees paid through the Catastrophe Fund. In order to apply please complete the attached Leon County Catastrophe Fund Application. The completed application should be mailed to Shington Lamy at 301 S. Monroe Street, Tallahassee, FL, 32301 or faxed to the number (850)606-5301 to the attention of Mr. Lamy.

If further information is needed, please contact Shington Lamy at (850)606-5300.

Thank you,

Parwez Alam
County Administrator



Leon County Catastrophe Fund Application

Please mail or fax to:
Shington Lamy
301 S. Monroe Street
Tallahassee, FL 32301
Fax: (850) 606-5301

Today's Date _____

Leon County Policy No. 07-2

This application has been developed in compliance with Leon County Policy No. 07-2 1(b) which states: "In the event of a declared local state of emergency, the County Administrator is authorized to utilize the Catastrophe Reserve to pay Leon County solid waste and Leon County building/growth fees for eligible residents for the purpose of debris removal and home restoration/reconstruction. To be eligible, residents must demonstrate that all other means (including, but not limited to: FEMA Individual Assistance, property insurance) have been exhausted prior to seeking County assistance."

A. Applicant's Information

Owner's Last Name: _____ Owner's First Name: _____

Owner's Address: _____

Owner's Telephone Number(s): (H) _____ (C) _____ (W) _____

Email Address: _____

B. Property Information

Address of the Impacted Property: _____

Structure Type (circle one): Singe-Family Townhouse Multi-Family Mobile Home Commercial

Is the property in the city limits? Y N

Describe the damage(s) caused by the catastrophic event. (Include photographs) _____

C. Disaster Assistance Information

Is the impacted property insured? If yes,	Y	N		
Is it insured under the applicant's name?	Y	N		
Has the applicant filed a claim?	Y	N		
What is the status of the claim?	Approved	Denied	Pending	

Property Insurance Company Information

Name: _____

Address: _____

Telephone Number: _____

Policy Number: _____

Beneficiary: _____

C. Disaster Assistance Information (Continued)

Has the applicant filed a claim with the Federal Emergency Management Agency (FEMA)? If yes, Y N
What is the claim number? _____

What is the status of the claim? Approved Denied Pending

Has the applicant filed a claim with the U.S. Small Business Administration (SBA)? If yes, Y N
What is the claim number? _____

What is the status of the claim? Approved Denied Pending

If compensation and/or aid has been approved, please explain why further assistance is needed. _____

D. Affidavit

Under the penalty of perjury, I, _____, do solemnly swear or affirm that the information that I have provided in this application is true and correct. I understand that if any of the information that I have provided is false or misleading, Leon County may take appropriate legal action. I further authorize Leon County to contact my insurer, FEMA, and/or SBA for any additional information or verification.

Print Name

Signature

Date

STATE OF FLORIDA
COUNTY OF _____

Signed and sworn to (or affirmed) before me this _____ day of _____, 20____, by _____, who personally appeared before me and who swears (or affirms) that s/he the instrument voluntarily for the purpose expressed init and that its contents are true to the best of her/his knowledge and belief.

Signature of Notary Public, State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

_____ Personally Known

_____ Produced Identification

Type of Identification:

