

ROE No. _____	PRIVATE CONTRACTOR/FORCE ACCOUNT DEBRIS REMOVAL Florida 2017
_____	Address: _____ Tax ID Block/Lot: _____ Federal/Florida/Tribal Landmark [Y/N]: _____

Please write the name of your HOA on the top of this page.

Physical Address means an on-site office or a residential property address that is a point of reference for the community. (This should not be the Management Company address).

Tax ID for the HOA or the Authorized Agent

Leave blank

If the same address as above, write "Same as above".

ALSO ATTACH A MAP OF THE HOA BOUNDARIES and, if possible, specify the points of entry and the location of the debris pile.

RIGHT OF ENTRY ONTO PRIVATE PROPERTY FOR DEBRIS REMOVAL AND/OR DEMOLITION DISASTER ASSISTANCE (FEMA-DR-4337-FL)

Ownership Interest and Grant of Right of Entry for Debris Removal or Demolition Activities

The undersigned hereby certifies they/they are/is (check):
 _____ The owner(s) with authority to grant access to the property at (address) _____ or
 _____ The authorized agent of the Property Owner.

The Property Owner(s)/agent authorizes the City/County of Miami-Dade, the State of Florida, and the United States of America, their respective agents, successors and assigns, contractors and subcontractors (collectively, the "Government/Contractors") to have the right of access and to enter the property above specified for purposes of performing debris removal as it is a public health and safety threat to the general public resulting from the declared major disaster (FEMA-DR-4337-FL).

Government/Contractors will perform the following work:
 Remove debris from the Property.

Government Not Obligated; No Expense Except For Insurance Proceeds

The Property Owner/agent understands that this Right-of-Entry does not obligate the Government/Contractors to perform debris removal. Government/Contractors will access the property under this ROE if the work has been determined necessary in accordance with Federal, State, or local regulations. The Property Owner(s) will not be charged for the work conducted by Government/Contractors. However, if the Property Owner receives insurance proceeds or compensation from other sources for debris removal or demolition, the Property Owner's obligation is set out in the section below, entitled "Avoidance of Duplication of Benefits..."

Government Indemnified and Held Harmless

The Property Owner(s)/agent agrees(s) to indemnify and hold harmless the Government/Contractors for any damage of any type whatsoever to the above described property or to personal property and fixtures situated thereon, or for bodily injury or death to persons on the property, and hereby releases, discharges and waives any and all actions, either legal or equitable, which the Property Owner(s) has/have, or ever might or may have, by reason of any action taken by Government/Contractors to remove debris.

Avoidance of Duplication of Benefits: Reporting Debris Removal Money Received

Property Owner/agent has an obligation to file an insurance claim if coverage is available. Property Owner/agent understands and acknowledges that receipt of compensation or reimbursement for performance of the aforementioned activities from any source, including Small Business Administration, private insurance, an individual and family grant program or any other public or private assistance program could constitute a duplication of benefits prohibited by federal law. If the Property Owner/agent receives any compensation from any source for debris removal on this Property, the

Property Owner/agent will report it to the City/County Department of Solid Waste Management at 2525 NW 62nd Street, Miami, FL 33147 (Attention: Controller, Maria Sanchez (305) 214-6739 or email: SANCHA@miamidade.com).

Release of Insurance Information

If insured, the Property Owner/agent authorizes its insurer, (Company) _____ to release information relating to coverage and payments for debris removal activities (Claim # _____, Policy # _____) to the City/County identified herein and/or to the State of Florida.

This section must be completed. Provide information on any insurance policy of the HOA. (The County will not be filing a claim) If there is no insurance, write "None".

Acknowledgment of Prohibition on Fraud, Intentional Misstatements

The Property Owner/agent understands that an individual who fraudulently or willfully misstates any fact in connection with this agreement may be subject to penalties under state and federal law, including civil penalties, imprisonment for not more than five years, or both, as provided under 18 USC 1001.

Signature(s) and Witnesses

Property Owner(s) or Authorized Agent and Mortgage/Lien Holder(s)

For the considerations and purposes set forth herein, I/we hereby set my/our hand(s) and seal(s) this _____ day of _____, 2017.

Witness 1 _____
 Witness 2 _____

Two witnesses should sign. They do not need to be Board members.

Privacy Act Statement: The Property Owner/Owner's Authorized Agent acknowledges(s) that information submitted will be shared with other government agencies, federal and non-federal, and contractors, their subcontractors and employees but solely for purposes of disaster relief management to meet the objectives of this Right-of-Entry. This form is signed to allow access to perform debris removal and/or demolition operations on the above-mentioned property, to authorize the release of insurance policy/claim information and to notify any lien-holder of demolition.

Property Owner/Authorized Agent
 Sign _____

Print Property Owner(s)/Authorized Agent
 Current Address and Telephone No.: _____

If Demolition, Lien Holder
 Sign _____

Print Mortgage Holder/Authorized Agent Current
 Address and Telephone No.: _____

Sign _____

Print: Other Lien Holder/Authorized Agent
 Current Address and Telephone No.: _____

Address and Phone number is for the Property Owner/Authorized Agent (might not be the same as on Page 1)

Leave blank