

Plumas County Fire Safe Council



Senior & Disabled Assistance Program

(Application Form)

Please tell us about yourself:

Name: _____ Phone: _____

Address: _____

Age: _____ E-mail: _____

Yearly income (Please attach a photo copy of prior year's income or check stub as proof.):

\$ _____ Source: _____

How large is your property? _____

- How would you rate your concern about wildfire? (Circle one)

Moderately concerned Very concerned

Please tell us about what work needs to be done:

- I have heavy brush growing around my home and need assistance clearing brush around my home.
- I have many small trees growing around my home that need thinning.
- I have tall grasses growing around my home that need mowing.
- I have a large accumulation of leaves/needles that need to be removed from up to 100 feet from around my home and on my roof.
- Other _____

I certify that this information to be correct and true; I am over 60 or disabled; meet the income criteria and have no other financial means to hire a contractor to create my defensible space. Based upon my income and the sliding scale, I will pay \$ _____ (to be determined with the Plumas County Fire Safe Council representative) to "Plumas County Fire Safe Council" when the defensible work is complete.

Signature _____ Date _____

Send to or contact: Rob Gimbel c/o Plumas County Fire Safe Council
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