

**BUTTE COUNTY FIRE RELATED COPY REQUEST
SWORN STATEMENT**

Applicant Print Name: _____

Property Address: _____

I, declare under penalty of perjury under the laws of the State of California, that I am a victim of the Butte County (Bear/North Complex Fire) wildfire and lost copies of filed and or recorded documents as a result.

Pursuant to the Governor's Declaration of Emergency, I am eligible to receive a free copy of the following record(s):

Name of Person(s) Listed on Document	Type of Record Requested and Document Reference Number if Known

Subscribed to this _____ day of _____, 20____, at _____, _____
(City) (State)

Driver's License Number

Applicant Signature

Name and Address to mail document: _____

Contact Phone Number: _____