

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

DL# _____

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 (Camp Fire) wildfire and lost copies of filed and or recorded documents as a result.

Pursuant to the Governor's Declarations of Emergency 11/08/2018, 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)

Applicant Signature

Mail To: _____

Address: _____

City: _____ State: _____ Zip: _____