

ROE No. _____ 	PRIVATE CONTRACTOR/FORCE ACCOUNT DFA RIGHT OF WAY DEBRIS REMOVAL Georgia 2023 DR-4738GA (Idlalia) Address OR subdivision name/HOA: _____ Parcel number (if applicable): _____
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**CERTIFICATION REGARDING INSURANCE
ON PRIVATE RIGHT OF WAYS (DR-4738GA) (IDALIA)**

The undersigned hereby certifies they/he/she 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 undersigned property owner/authorized agent has executed a Right of Entry and has requested assistance from Glynn County with removal of storm debris from a private right of way as a result of Hurricane Idalia. This certification is made in connection with that right of entry and request. At the time of Hurricane Idalia, I hereby certify and assert that there was no homeowners, property, renters, travelers, and/or any other form of insurance coverage of any kind covering the above-reference right of way, including, but not necessarily limited to, any insurance coverage for damage or losses of any kind and/or for debris removal on or from said right of way. It is understood that I have an obligation to file an insurance claim if coverage is available and that I have an obligation to report any compensation received from any source for debris removal on this right of way to Glynn County. It is also understood and acknowledged that government agencies, federal and non-federal, and their employees, may rely upon this certification in making decisions and determinations pertaining to debris removal on private right of ways.

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 certification may be subject to penalties under state and federal law.

Signature(s) and Witnesses
Property Owner(s) or Authorized Agent

For the considerations and purposes set forth herein, I/we hereby set my/our hand(s) and seal(s) this _____ day of _____, 2023.

Witness 1 _____

Witness 2 _____

Property Owner/Authorized Agent
Sign _____

Print Property Owner(s)/Authorized Agent _____

Current Address and Telephone No.: _____

If submitted by a Homeowner's Association:

 Name of Homeowner's Association

 Name of Subdivision