County of Sonoma
FIRE & EMERGENCY SERVICES DEPARTMENT

Request for Curbside Chipping

Send in this form ONLY when your piles are ready!

Applicant Information

Name _____
Site Address _____
City State Zip _____
Phone _____
Email _____

Please tell us how much you have ready for the chipper:

Number of Piles: _____ **Total size of all piles combined:** Length: ____ Width:_____ Height: _____

Where are the piles located? On the shoulder of the road: ☐ Driveway: ☐ Other: ☐ Please specify

*Make a note of locked gates or any access issues. Do not obstruct any roadways, driveways or access routes with your material.

Other Information

Typically, creating a defensible space around a structure will encompass about one acre of property. Approximately how many acres did your project encompass?

How many total labor hours did it take you, your family, and friends to cut and prepare materials for the chipper?

If you had someone do the work for you, how much did it cost?

If this program had not been available, would you have cleared the vegetation?

Without the program, what would you have done with the material?

APPLICANT MUST AGREE TO EACH OF THE FOLLOWING CONDITIONS

☐ I have fulfilled the requirements of the Curbside Chipper program and I own or an the legal occupier of the property where the services will be performed, and hereby agree and consent to Sonoma County Fire and Emergency Services staff entering my property for the purposes of the performance of services of any type in connection with this program.

☐ I agree to allow Sonoma County Fire and Emergency Services and contractor(s) designated by Sonoma County Fire and Emergency Services under program access onto my property in order to access pile(s) for chipping.

☐ I understand that any chipped material will be blown back onto my property and I will spread the chipped material to a depth of 6" or less after the contractor has departed.

☐ I understand that if I am not the property owner, it is my responsibility to obtain permission from the owner to conduct cleaning activites

☐ I understand that funds for this program are limited and Sonoma County Fire and Emergency Services may refuse to provide service in the absence of adequate funding.

☐ I agree to indemnify and hold Sonoma County fire and Emergency Services, and its officers, directors, participants, coordinators, and volunteers harmless from, and against any and all liability, claims for losses, attorneys fees, and/or damages for injury or death or loss for damages and/or destruction of any property of any type associated with, caused by or in connection in any way with Sonoma County Fire and Emergency Services participation in this program.

Signature _____ Name (Printed) _____ Date _____

Return to us via email: fireprevention@sonomacounty.ca.gov or FAX: (707) 565-1172 or regular mail:
Sonoma County Fire - 2300 County Center Dr., #220B - Santa Rosa, CA 95404 - Attn: CHIPPER