



# MITIGATION DAY GIVEAWAY

## SELF NOMINATION FORM

NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ - \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_

DATE NOTICE RECEIVED: \_\_\_\_\_ CANCELLATION DATE: \_\_\_\_\_

PLEASE PROVIDE A FEW SENTENCES OF WHY YOUR PROPERTY SHOULD BE SELECTED:

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**BY SIGNING BELOW, YOU AUTHORIZE SPLINTERED FOREST TO CONTACT YOU REGARDING YOUR APPLICATION AND UNDERSTAND THAT ADDITIONAL INFORMATION MAY BE REQUIRED TO BE ELIGIBLE FOR THE GIVEAWAY.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IF SELECTED TO RECEIVE THE MITIGATION DAY GIVEAWAY, WORK WILL BE COMPLETED ON A MUTUALLY AGREED UPON DATE AND TIME. APPLICATIONS MUST BE SUBMITTED BY CLOSE OF BUSINESS ON AUGUST 1<sup>ST</sup>, 2015 TO BE CONSIDERED. ALL WORK WILL BE MARKED BY AN ISA CERTIFIED ARBORIST AND COMPLETED TO COLORADO STATE FOREST GUIDELINES. SPLINTERED FOREST, LLC IS UNABLE TO CERTIFY ANY PROPERTY AS MITIGATED OR GURANTEE A RENEWAL OF THE APPLICANTS INSURANCE POLICY.



# MITIGATION DAY GIVEAWAY

## NOMINATION FORM

NAME OF PROPERTY OWNER: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ - \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

INSURANCE COMPANY OR AGENT: \_\_\_\_\_

CANCELLATION DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REASON FOR NOMINATION:

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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