

DEPARTMENT OF LAW

**RELEASE OF FIRE INSURANCE  
WITHHOLDING MONEY**



**A. General Information Regarding Fire-Damaged Home**

Name of Insured: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone No(s): (\_\_\_\_) \_\_\_\_\_ /c (\_\_\_\_) \_\_\_\_\_

**Address of Fire-Damaged Property:**

\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

**B. Condition of Property**

Has the property been:

Repaired                       Replaced                       Demolished                       Sold

If the property has been repaired/replaced:

Do you have a Certificate of Occupancy?       Yes                       No

If yes, date certificate was obtained: \_\_\_\_\_.  
(Attach a copy of certificate)

Do you currently have a contract for the property to be repaired, replaced, or  
demolished?  Yes                       No

If yes, name and phone number of contractor: \_\_\_\_\_  
(Attach proof of contract)

Please briefly list any other information not provided for in the above sections that you  
think will aid the City in processing your claim:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature  
S:\LYANGOUY\FWH\FWH Form 11/10/15.docx

\_\_\_\_\_  
Date

RETURN FORM AND ATTACHMENTS TO:  
**City of Dearborn, Department of Law  
Dearborn Administrative Center  
16901 Michigan Avenue, Suite 14  
Dearborn, Michigan 48126-2967  
(313) 943-2035 | FAX (313) 943-2469**