DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

Direct Housing Unit Installation Work Order

WO Type	Contractor	Work Order #
HAUL AND INSTALL	MLU SERVICES LLC	4828-023-0009-MLS-U

WORKORDER STATUS: REQUESTED **AS OF: 05/30/2025**

Pickup Location		Delivery Location	
Name: TAYLOR COUNTY STAGING YARD	Phone No.	Name: RAINFLOWER.B (DD)	Phone No.: (286) 752-2984
Address: 49 CARLTON CEMETERY RD	Lot #.	Address: 415 SW DREW FEAGLE AVE	Lot #.
City, State: PERRY, FL 32348	County: Taylor (County)	City, State: FORT WHITE, FL 32038 - 4355	County: Columbia (County)

Work Order Issue Information

Issued to	Issued Date	Issue Time	Issued By	Date Completed
MLU SERVICES LLC	05/30/2025	12:00 AM	ANUSHKA MORALES RODRIGUEZ	/ /

Directions

MEASURE TO THE LARGEST UNIT.

Unit Information		Padlot Information	
Unit Type Mobile Home Regular	Barcode	Pad Lot #	Pad Type
Make	VIN	Pad Size	Rent Amt.
Model	Furnished? ☐ Yes ☐ No	Amps	Split Lot? ☐ Yes ☐ No
Year	# Bedrooms	Utilities	

Work Order Specifications

Description	UOM	Quantity	Cost Per UOM	Total
ORIGINAL (05/30/2025 13:58:20) ANUSHKA MORALES RODRIGUEZ				
6004AC-4828 PRIVATE INSTALL MH / PM	EA	1		
ADDED				
05/30/2025 14:02:05 - 6004AT-4828 TANK PUMP SYSTEM INSTALLATION (MHU ONLY) *(ANUSHKA MORALES RODRIGUEZ)*	EA	1		
05/30/2025 14:43:33 - 6004BE-4828 PLATFORM STEPS/STAIRS FOR MH/PM *(ANUSHKA MORALES RODRIGUEZ)*	EA	1		
	TOTAL		------->	$

Work Order Notes

05/30/2025 01:57:37 2 BEDROOM MHU 14X60 MAX
05/30/2025 01:57:37 WO BEDROOMS REQUESTED: 2
05/30/2025 02:02:25 PLATFORM STEPS REQUESTED
05/30/2025 02:03:04 PER IA PLEASE CONTACT APP. BEFORE DELIVERY
05/30/2025 02:43:33 UPDATE

Disability-Accommodations

☐ Vision ☐ Ramp ☐ All Electric ☐ Roll in Shower ☐ Accessible Unit (UFAS)
☐ Hearing Disability ☐ Wheelchair User ☐ Accommodation base on Height ☐ Grab Bars
☐ Walker, Cane, Other Mobility Device ■ Oxygen/Power Dependent ☐ Accommodation base on Weight ☐ Platform Stairs

Disability-Accommodations notes:

Install Information

Setup Date	Made Ready Date	Inspection Date	Inspection Status	RFO Date	RFO Package Sent
/ /	/ /	/ /		/ /	/ /

Verification and Signatures: The above described work has been verified by,	
Install Contractor	Date
MLU SERVICES LLC	/ /
COTR Project Officer	Date
	/ /
Site Inspector / Tech Monitor	Date
	/ /

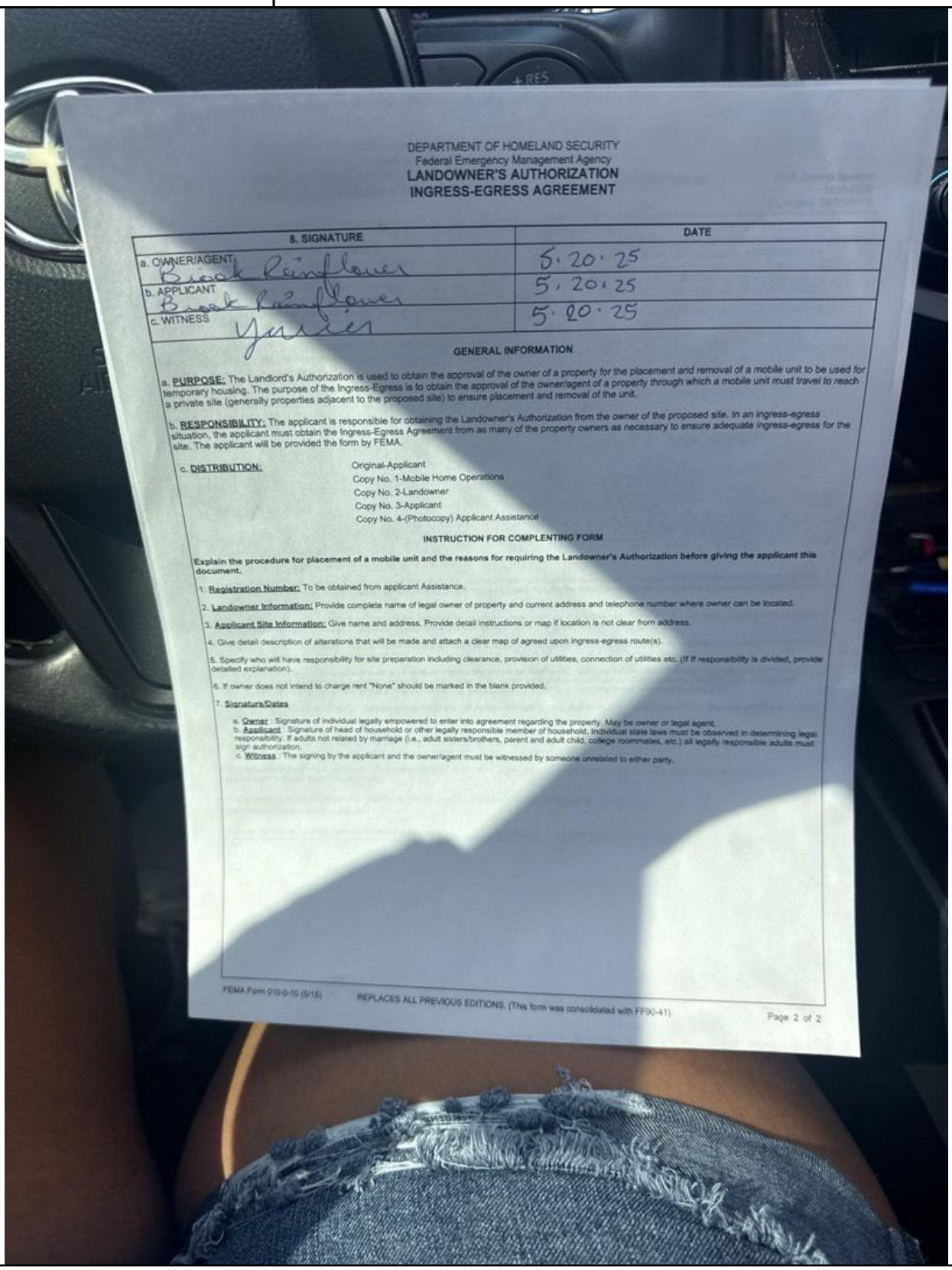
REQUEST FOR THE SITE INSPECTION

TYPE	START DATE	END DATE	PERFORMED BY
Request For the Site	20/05/2025 09:41	20/05/2025 12:02	Yalia Herrera

INGRESS/EGRESS AGREEMENT

Site Control No.	4828-023-000D-P
Address	415 SW DREW FEAGLE AVE, FORT WHITE, FL, 32038

Load picture of completed Ingress/Egress form



DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
LANDOWNER'S AUTHORIZATION
INGRESS-EGRESS AGREEMENT

8. SIGNATURE	DATE
a. OWNER/AGENT Brook Rainflower	5.20.25
b. APPLICANT Brook Rainflower	5.20.25
c. WITNESS Yasmin	5.20.25

GENERAL INFORMATION

a. **PURPOSE:** The Landlord's Authorization is used to obtain the approval of the owner of a property for the placement and removal of a mobile unit to be used for temporary housing. The purpose of the Ingress-Egress is to obtain the approval of the owner/agent of a property through which a mobile unit must travel to reach a private site (generally properties adjacent to the proposed site) to ensure placement and removal of the unit.

b. **RESPONSIBILITY:** The applicant is responsible for obtaining the Landowner's Authorization from the owner of the proposed site. In an ingress-egress situation, the applicant must obtain the Ingress-Egress Agreement from as many of the property owners as necessary to ensure adequate ingress-egress for the site. The applicant will be provided the form by FEMA.

c. **DISTRIBUTION:**
Original-Applicant
Copy No. 1-Mobile Home Operations
Copy No. 2-Landowner
Copy No. 3-Applicant
Copy No. 4-(Photocopy) Applicant Assistance

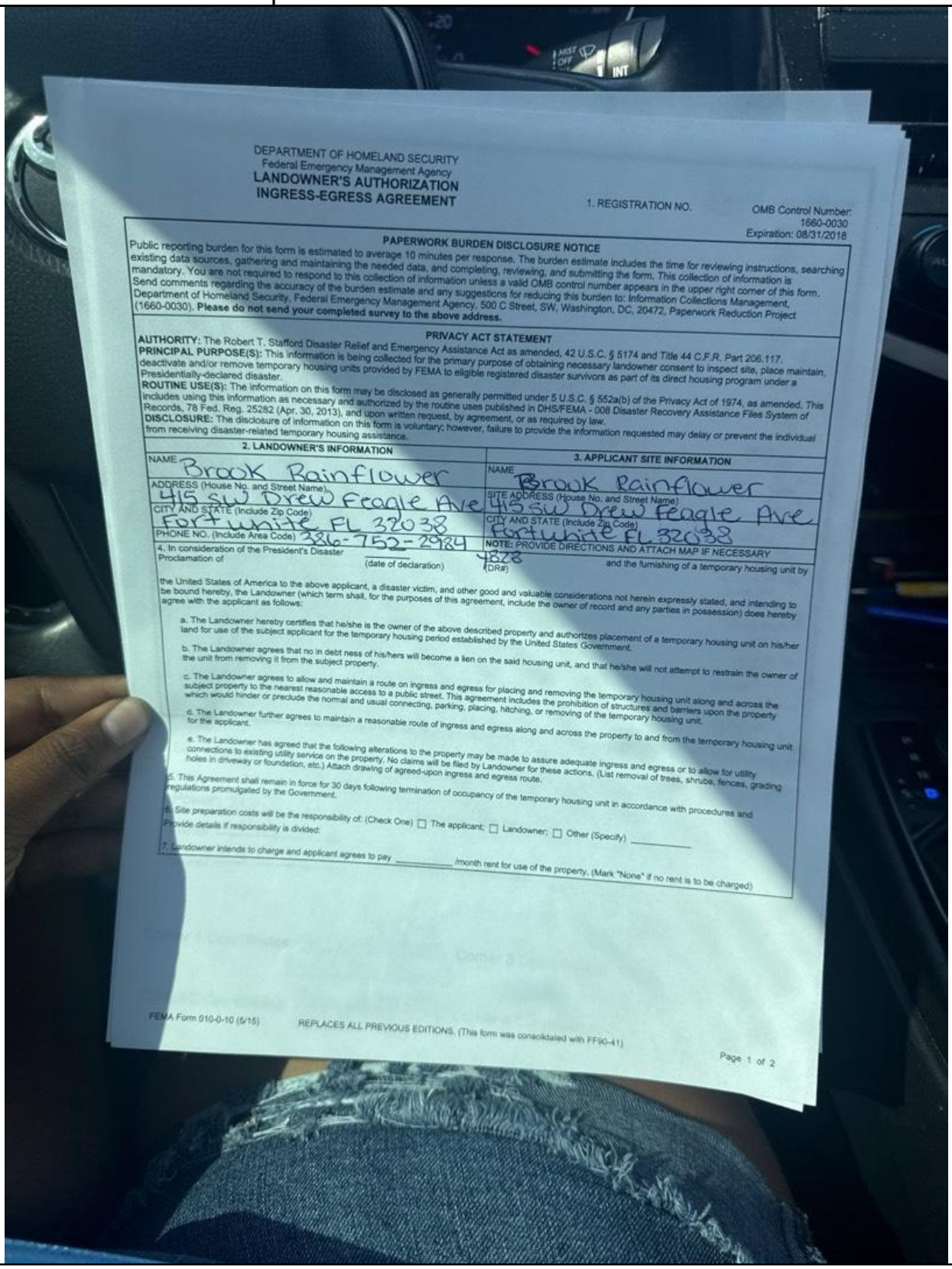
INSTRUCTION FOR COMPLENTING FORM

Explain the procedure for placement of a mobile unit and the reasons for requiring the Landowner's Authorization before giving the applicant this document.

1. **Registration Number:** To be obtained from applicant Assistance.
2. **Landowner Information:** Provide complete name of legal owner of property and current address and telephone number where owner can be located.
3. **Applicant Site Information:** Give name and address. Provide detail instructions or map if location is not clear from address.
4. Give detail description of alterations that will be made and attach a clear map of agreed upon ingress-egress route(s).
5. Specify who will have responsibility for site preparation including clearance, provision of utilities, connection of utilities etc. (If responsibility is divided, provide detailed explanation).
6. If owner does not intend to charge rent "None" should be marked in the blank provided.
7. Signature/Dates
   a. Owner : Signature of individual legally empowered to enter into agreement regarding the property. May be owner or legal agent.
   b. Applicant : Signature of head of household or other legally responsible member of household. Individual state laws must be observed in determining legal responsibility. If adults not related by marriage (i.e., adult sisters/brothers, parent and adult child, college roommates, etc.) all legally responsible adults must sign authorization.
   c. Witness : The signing by the applicant and the owner/agent must be witnessed by someone unrelated to either party.

FEMA Form 010-0-10 (6/16) REPLACES ALL PREVIOUS EDITIONS. (This form was consolidated with FF90-41) Page 2 of 2

Load picture of completed Ingress/Egress form



DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

LANDOWNER'S AUTHORIZATION
INGRESS-EGRESS AGREEMENT

1. REGISTRATION NO.

OMB Control Number: 1660-0030
Expiration: 08/31/2018

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0030). **Please do not send your completed survey to the above address.**

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5174 and Title 44 C.F.R. Part 206.117.
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of obtaining necessary landowner consent to inspect site, place maintain, deactivate and/or remove temporary housing units provided by FEMA to eligible registered disaster survivors as part of its direct housing program under a Presidentially-declared disaster.
ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25282 (Apr. 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster-related temporary housing assistance.

2. LANDOWNER'S INFORMATION	3. APPLICANT SITE INFORMATION
NAME Brook Rainflower	NAME Brook Rainflower
ADDRESS (House No. and Street Name) 415 SW Drew Feagle Ave	SITE ADDRESS (House No. and Street Name) 415 SW Drew Feagle Ave
CITY AND STATE (Include Zip Code) Fort White, FL 32038	CITY AND STATE (Include Zip Code) Fort White FL 32038
PHONE NO. (Include Area Code) 386-752-2984	NOTE: PROVIDE DIRECTIONS AND ATTACH MAP IF NECESSARY

4. In consideration of the President's Disaster Proclamation of _____ (date of declaration) 4828 (DR#) and the furnishing of a temporary housing unit by the United States of America to the above applicant, a disaster victim, and other good and valuable considerations not herein expressly stated, and intending to be bound hereby, the Landowner (which term shall, for the purposes of this agreement, include the owner of record and any parties in possession) does hereby agree with the applicant as follows:

a. The Landowner hereby certifies that he/she is the owner of the above described property and authorizes placement of a temporary housing unit on his/her land for use of the subject applicant for the temporary housing period established by the United States Government.

b. The Landowner agrees that no in debt ness of his/hers will become a lien on the said housing unit, and that he/she will not attempt to restrain the owner of the unit from removing it from the subject property.

c. The Landowner agrees to allow and maintain a route on ingress and egress for placing and removing the temporary housing unit along and across the subject property to the nearest reasonable access to a public street. This agreement includes the prohibition of structures and barriers upon the property which would hinder or preclude the normal and usual connecting, parking, placing, hitching, or removing of the temporary housing unit.

d. The Landowner further agrees to maintain a reasonable route of ingress and egress along and across the property to and from the temporary housing unit for the applicant.

e. The Landowner has agreed that the following alterations to the property may be made to assure adequate ingress and egress or to allow for utility connections to existing utility service on the property. No claims will be filed by Landowner for these actions. (List removal of trees, shrubs, fences, grading holes in driveway or foundation, etc.) Attach drawing of agreed-upon ingress and egress route.

5. This Agreement shall remain in force for 30 days following termination of occupancy of the temporary housing unit in accordance with procedures and regulations promulgated by the Government.

6. Site preparation costs will be the responsibility of: (Check One) ☐ The applicant; ☐ Landowner; ☐ Other (Specify) _____
Provide details if responsibility is divided:

7. Landowner intends to charge and applicant agrees to pay _____ /month rent for use of the property. (Mark "None" if no rent is to be charged)

FEMA Form 010-0-10 (5/15) REPLACES ALL PREVIOUS EDITIONS. (This form was consolidated with FF90-41)

Page 1 of 2

Applicant Name	RAINFLOWER , BROOK
Set location inspected to true	true

SITE INFORMATION	
Site Control #	4828-023-000D-P
Registration #	63-4690276
Site Address	415 SW DREW FEAGLE AVE, FORT WHITE, FL, 32038
City	FORT WHITE
State	FL
County	Columbia
Address of Landowner	415 SW DREW FEAGLE AVE
Name of Landowner	Brook Rainflower
Landowner Phone #	+13867522984
Temporary Housing Units Required	1
Type of Unit	MH
Site Type	Private

APPLICANT INFORMATION	
Applicant Name	RAINFLOWER , BROOK
Current Address	415 SW DREW FEAGLE AVE, FORT WHITE, FL, 32038
City	FORT WHITE
State	FL
Applicant Phone Number	(386) 752-2984

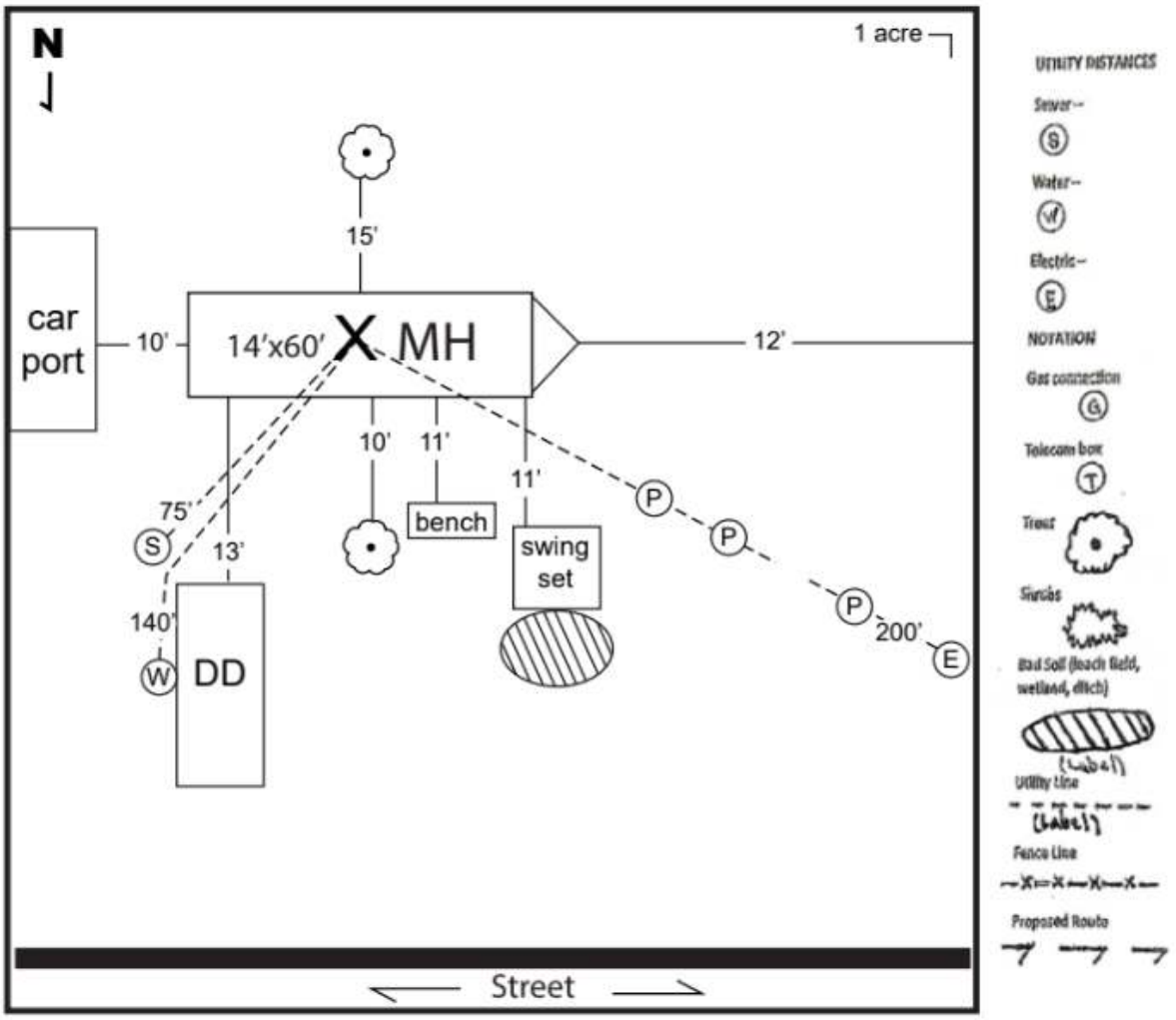
ACCESS AND FUNCTIONAL NEEDS	
Ramp	false
ADA/UFAS Compliant Unit?	true
Oxygen/Power Dependent	true

SITE UTILITY INFORMATION	
Electric	Yes
Electric Company Name (If Applicable)	Central Fl
Gas	N/A
Water	Well
Sewer	Septic

SITE DESCRIPTION	
Landowner Available	Yes

Applicant Signature	
signature	
Date	20/05/2025

Site Map Picture (If Applicable)	2/1



Site Address 415 SW Drew Feagle Ave SIR# 4828-023-000D-P

Power 200'
Water 140'
Sewer 75'

Largest Unit Size MH 14'x60'

Center Unit Coordinates 30.01851, -82.74278

Corner 1 Coordinates 30.01848, -82.74280

Corner 2 Coordinates 30.01857, -82.74277

Corner 3 Coordinates 30.01866, -82.74276

Corner 4 Coordinates 30.01867, -82.74279

Top Right Coordinates - Unit (Stand at the top right of the largest rectangular area available and capture the coordinates)	30.01857,-82.74277
Top Left Coordinates - Unit (Stand at the top left of the largest rectangular area available and capture the coordinates)	30.01848,-82.74280
Bottom Left Coordinates - Unit (Stand at the bottom left of the largest rectangular area available and capture the coordinates)	30.01866,-82.74276
Bottom Right Coordinates - Unit (Stand at the bottom right of the largest rectangular area available and capture the coordinates)	30.01867,-82.74279
Dead Centre Coordinates	30.018516476044585,-82.74278990554575
Area Size - Unit (sq ft)	1004.6258584103467
Largest trailer that can fit in this area	3 bed 14 x 60

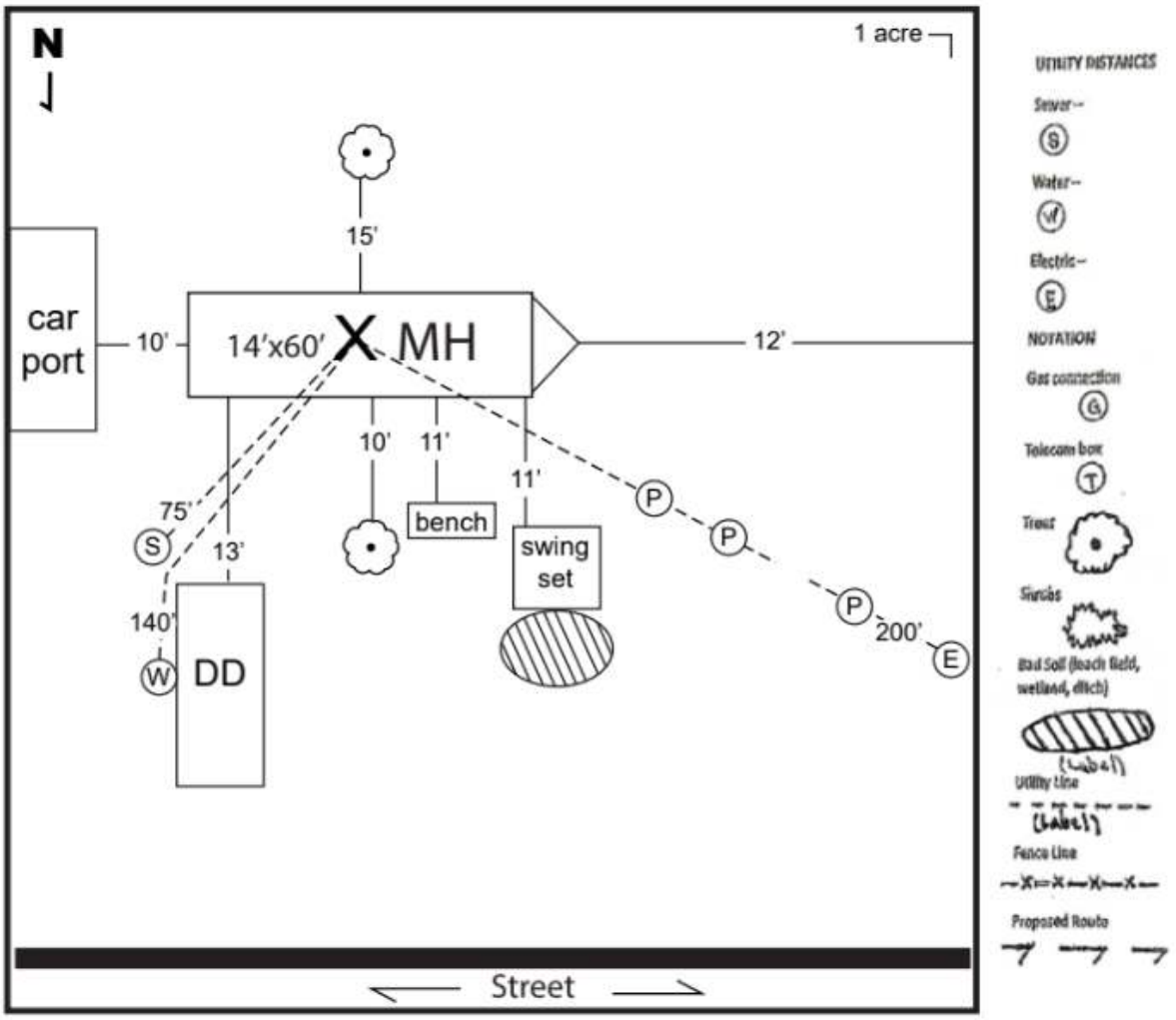
Site Overview

1/1

Is Site Feasible?	Site Feasible
Name of Site Inspector	Yalia Herrera
Site Inspector Signature	
signature	
Date	20/05/2025

SITE SKETCH

Site Sketch	1/1



Site Address 415 SW Drew Feagle Ave SIR# 4828-023-000D-P

Power 200'

Water 140'

Sewer 75'

Largest Unit Size MH 14'x60'

Center Unit Coordinates 30.01851, -82.74278

Corner 1 Coordinates 30.01848, -82.74280

Corner 2 Coordinates 30.01857, -82.74277

Corner 3 Coordinates 30.01866, -82.74276

Corner 4 Coordinates 30.01867, -82.74279

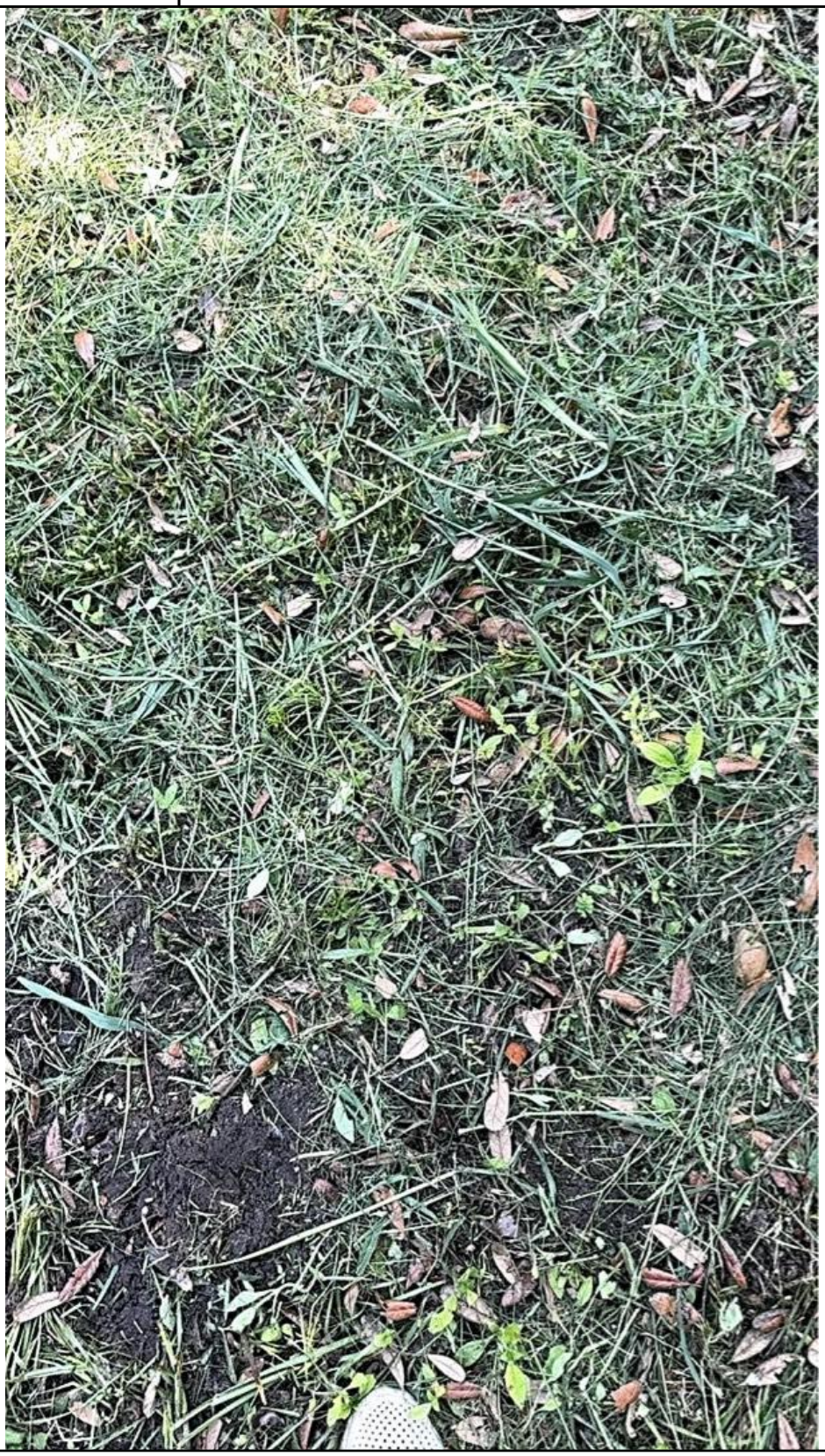
Water service length (feet)	140

Water Photo	

1/1

Sewer service length (feet)	75

Sewer Photo	1/1



Power service length (feet)	200

Transformer Photo (No Zoom)	1/1

SITE PHOTOS

Pic tongue of the trailer perspective

1/1

Pic right elevation tongue

1/1

Pic left elevation tongue	***1/1***

Pic rear elevation from trailer

1/1

Capture photo(s) of flagged site	

1/1

Are ground disturbances required for temporary power poles or other reasons?	Yes
How many ground disturbances are required?	3

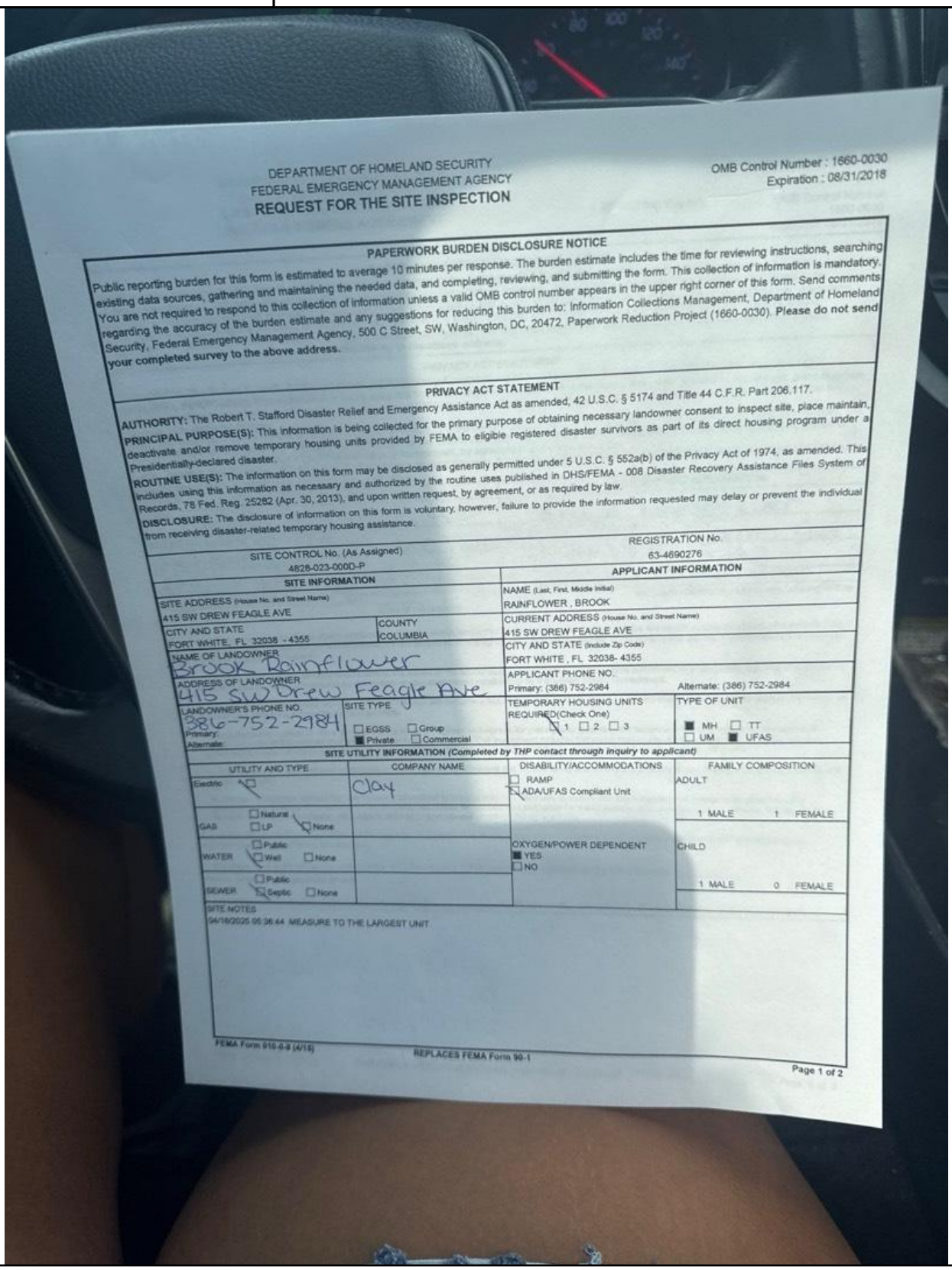
Capture photos of location of Ground Disturbances (one for each required ground disturbance)	*1/4*

Capture photos of location of Ground Disturbances (one for each required ground disturbance)	***2/4***

Capture photos of location of Ground Disturbances (one for each required ground disturbance)	***3/4***

Capture photos of location of Ground Disturbances (one for each required ground disturbance)	***4/4***

Capture Image of Front Sheet of SIR



DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR THE SITE INSPECTION

OMB Control Number : 1660-0030
Expiration : 08/31/2018

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0030). **Please do not send your completed survey to the above address.**

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5174 and Title 44 C.F.R. Part 206.117.

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of obtaining necessary landowner consent to inspect site, place maintain, deactivate and/or remove temporary housing units provided by FEMA to eligible registered disaster survivors as part of its direct housing program under a Presidentially-declared disaster.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25282 (Apr. 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary, however, failure to provide the information requested may delay or prevent the individual from receiving disaster-related temporary housing assistance.

SITE CONTROL No. (As Assigned): 4828-023-000D-P

REGISTRATION No.: 63-4690276

SITE INFORMATION

SITE ADDRESS (House No. and Street Name): 415 SW DREW FEAGLE AVE
CITY AND STATE: FORT WHITE FL 32038 - 4355
COUNTY: COLUMBIA
NAME OF LANDOWNER: Brook Rainflower
ADDRESS OF LANDOWNER: 415 SW Drew Feagle Ave
LANDOWNER'S PHONE NO.: 386-752-2984 Primary: Alternate:
SITE TYPE: ☐ EGSS ☐ Group ■ Private ☐ Commercial

APPLICANT INFORMATION

NAME (Last, First, Middle Initial): RAINFLOWER , BROOK
CURRENT ADDRESS (House No. and Street Name): 415 SW DREW FEAGLE AVE
CITY AND STATE (Include Zip Code): FORT WHITE , FL 32038- 4355
APPLICANT PHONE NO.: Primary: (386) 752-2984 Alternate: (386) 752-2984
TEMPORARY HOUSING UNITS REQUIRED(Check One): ☒ 1 ☐ 2 ☐ 3
TYPE OF UNIT: ■ MH ☐ TT ☐ UM ■ UFAS

SITE UTILITY INFORMATION *(Completed by THP contact through inquiry to applicant)*

UTILITY AND TYPE	COMPANY NAME
Electric ☒	Clay
GAS ☐ Natural ☐ LP ☒ None	
WATER ☐ Public ☒ Well ☐ None	
SEWER ☐ Public ☒ Septic ☐ None	

DISABILITY/ACCOMMODATIONS
☐ RAMP
☒ ADA/UFAS Compliant Unit

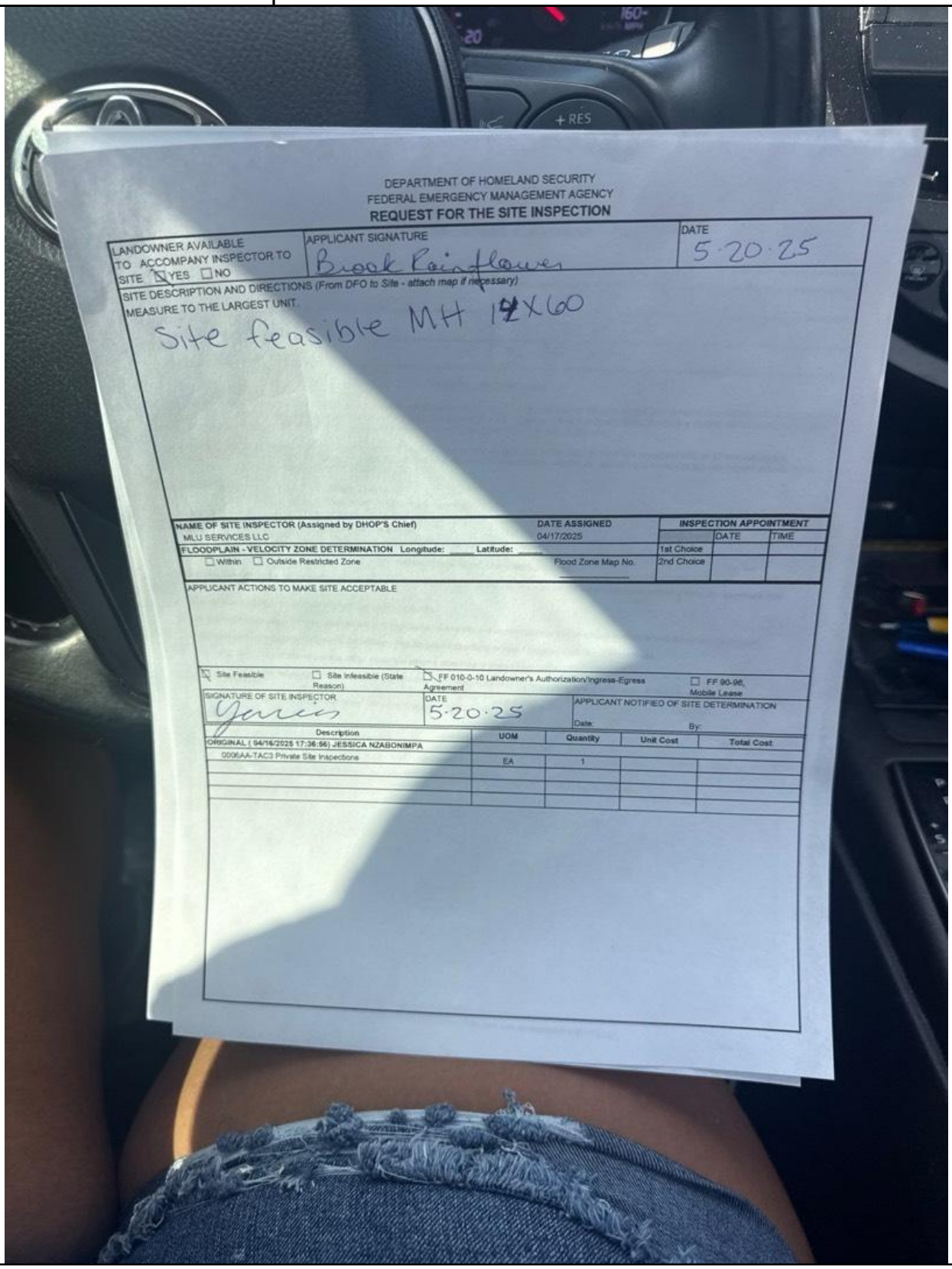
OXYGEN/POWER DEPENDENT
■ YES
☐ NO

FAMILY COMPOSITION
ADULT: 1 MALE 1 FEMALE
CHILD: 1 MALE 0 FEMALE

SITE NOTES
04/16/2025 05:36:44 MEASURE TO THE LARGEST UNIT

FEMA Form 010-0-9 (4/18) REPLACES FEMA Form 90-1 Page 1 of 2

Capture Image of SIR Signature Sheet	1/1



DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR THE SITE INSPECTION

LANDOWNER AVAILABLE TO ACCOMPANY INSPECTOR TO SITE ☒ YES ☐ NO	APPLICANT SIGNATURE Brook Rainflower	DATE 5·20·25

SITE DESCRIPTION AND DIRECTIONS (From DFO to Site - attach map if necessary)
MEASURE TO THE LARGEST UNIT.
Site feasible MH 12X60

NAME OF SITE INSPECTOR (Assigned by DHOP'S Chief)	DATE ASSIGNED	INSPECTION APPOINTMENT		
MLU SERVICES LLC	04/17/2025		DATE	TIME
FLOODPLAIN - VELOCITY ZONE DETERMINATION Longitude: Latitude:		1st Choice		
☐ Within ☐ Outside Restricted Zone	Flood Zone Map No.	2nd Choice		

APPLICANT ACTIONS TO MAKE SITE ACCEPTABLE

☒ Site Feasible ☐ Site Infeasible (State Reason) ☒ FF 010-0-10 Landowner's Authorization/Ingress-Egress Agreement ☐ FF 90-96, Mobile Lease

SIGNATURE OF SITE INSPECTOR	DATE	APPLICANT NOTIFIED OF SITE DETERMINATION
James	5·20·25	Date: By:

Description	UOM	Quantity	Unit Cost	Total Cost
ORIGINAL (04/16/2025 17:36:56) JESSICA NZABONIMPA				
0006AA-TAC3 Private Site Inspections	EA	1		