



# Disaster Relief Request Form

## Person Making the Request

Date Requested \_\_\_\_\_

Person Making Request \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_

**Email** \_\_\_\_\_

Council Number and Town \_\_\_\_\_

Ref What Disaster \_\_\_\_\_

## Person the funds are being requested for

Amount Requesting (dollar or list supplies) \_\_\_\_\_

Person Needing Assistance \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_

**Email** \_\_\_\_\_

Is the person a Knight? \_\_\_\_\_ If so, Council Number \_\_\_\_\_

Describe the loss and needs (if known) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of person receiving funds (or representative)**