

FLORIDA STATE F.O.E. DISASTER RELIEF FUND

Application for Disaster Application Assistance

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell (____) _____ E-Mail _____

Brief description of loss and needs: _____

(Attach additional information if necessary)

Insurance Information: Name of Company _____

Address _____

City _____ State _____ ZIP _____

Deductible Amount _____ ***Attach copy of Declaration Page of insurance policy.

Signature of Applicant _____

Verification of membership by aerie/auxiliary Secretary

Aerie/Auxiliary _____

SEAL

Street address _____

City _____ State _____ Zip _____

MAIL TO: Dan Cover

60 Lake Diamond Blvd.

Ocala, Fl. 34472

Contact Information Phone: 352-680-0042

Cell: 352-239-1761

E-Mail: dancvr1@aol.com

-----Committee Use Only-----

Approved By _____ Amount _____ Date _____

