FLORIDA STATE F.O.E. DISASTER RELIEF FUND

Application for Disaster Assistance

Date_____

Name_____

Address_____

City_____State_____Zip_____

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

Mailing Address_____

City_____State_____Zip_____

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: Desiree Bryan
2644 Rosewood Ct
Orange Park, Fl 32065

Email To: dcentalonza@gmail.com
Phone: 904-591-1396

Committee Use Only

Approved By _____ Amount _____ Date _____

R7/25