

**IAMAW DISASTER RELIEF  
REQUEST FOR ASSISTANCE**

DATE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ LOCAL LODGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SHIFT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF LOSS \_\_\_\_\_

ARE YOU LIVING IN YOUR HOME? \_\_\_\_\_ (if not, where are you staying?)

\_\_\_\_\_

PHONE # WHERE YOU CAN BE REACHED: \_\_\_\_\_

**DESCRIPTION OF LOSS:**

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

**RETURN FORM TO YOUR COMMUNITY SERVICES COMMITTEE**

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Request submitted by (Community Services Committee Member):

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
(Please Print)

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Community Services Committee: PLEASE MAKE REQUESTS FOR ASSISTANCE  
THROUGH YOUR GENERAL VICE PRESIDENT**