



DISASTER ASSISTANCE REQUEST FORM

Contact Information

First Name: _____ MI: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Social Security Number: _____ - _____ - _____

Explanation of Why Disaster Assistance is Being Requested (*Please be specific*): _____

Supplies Needed (*Please be specific*): _____

Alternative Assistance Needed (*Please be specific*): _____

Work (Shipping) Address: _____

Employer Contact Information (Supervisor Name, Company & Phone Number):

Have any Benefits Been Applied for with Any Other Organization? If Yes, Please List Here:

SUBMIT TO:
COLLISION INDUSTRY FOUNDATION
P.O. BOX 3007, MECHANICSVILLE, VA 23116
PH: 888-667-7433 / 804-427-6982
FAX: 866-498-7433 / 804-427-6982

-----OFFICE USE ONLY-----

PLACEMENT SPECIALIST: _____ TOTAL AMOUNT REQUESTED: _____

Disbursement Date: _____ Amount: _____ Check Number: _____ For: _____

Disbursement Date: _____ Amount: _____ Check Number: _____ For: _____

Disbursement Date: _____ Amount: _____ Check Number: _____ For: _____

Notes: _____
