



IAMAW

DISASTER RELIEF – November 5, 2008 HURRICANE IKE DAMAGE ASSESSMENT

REQUEST FOR ASSISTANCE

Date _____

MEMBER NAME _____ LOCAL LODGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

EMPLOYER _____

OLD ADDRESS: _____

WHERE ARE YOU CURRENTLY LOCATED (i.e. shelter)? _____

PHONE # WHERE YOU CAN BE REACHED: _____

DESCRIPTION OF LOSS:

RETURN FORM TO IST DANNY BIGGS 3 RESEARCH PL ROCKVILLE, MD 20850