

Date of Loss: _____ File No: _____

Please check one box only:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Residential Tenant | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Not-for-Profit Business Cooperative | <input type="checkbox"/> Not-for-Profit Organization | <input type="checkbox"/> Church |
| <input type="checkbox"/> Charity | <input type="checkbox"/> Service Club | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Aquaculture/Fisheries | <input type="checkbox"/> Other | |

CLAIMANT INFORMATION:

Claimant Name (Last, First and Middle)
Co-Claimant Name (last, Frist and Middle)
Business Name (if applicable)

MAILING ADDRESS

Street Address:	City/Town:	Province:	Postal Code:
Residence Phone Number:	Cellular Phone Number:	Business Phone Number:	Email Address:

DAMAGED PROPERTY INFORMATION same as mailing address

If different from mailing address

Street Address:	City/Town:	Province:	Postal Code:
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REASON FOR REQUEST:

List new supporting documentation – must be included with application:

Submit the form along with copies of any other pertinent information to:

Recovery Manager
 NB EMO, Recovery Office
 65 Brunswick Street, 2nd Floor
 Fredericton, NB
 E3B 1G5

Privacy Policy

Information collected is for the use of the Disaster Financial Assistance Program (DFA) in accordance with the terms and conditions of the New Brunswick Right to Information and Protection of Privacy Act. Under the New Brunswick Right to Information and Privacy Act, the information being released can only be used for the purpose identified. I fully understand the nature of the request, and the purpose for the release of my personal information in accordance with the Province of New Brunswick Disaster Financial Assistance Program.

Declaration

I, the owner / Tenant declare that all the information I am providing is true. I authorize the Department of Public Safety New Brunswick Emergency Organization (NB EMO) to contact any third party for information relevant to this application.

Signature of Claimant	Date	Signature of Claimant	Date
Print Name		Print Name	