

Application for Tornado Relief

Full Name:

Address:

Phone Numbers:

Damage Type Circle any that apply:

Home

Car

Yard

Other: _____

Email(s):

Have you been displaced? Y/N
If yes, where are you staying?

Date of Birth:

____/____/____

Insurance Information Describe the type(s) of insurance you have:

Insurance Deductible: _____

Damage Information Describe your damages caused by the disaster, specifying the type of dwelling (mobile home, house) or vehicle (car, boat), please include an estimate of dollar value:



SIGNATURE:

X _____

Please return to:
The Revere Tornado Relief Fund
PO Box 496
Revere, MA 02151

All Claims must reflect personal needs that are unmet by insurance and/or other forms of compensation, and claimed damage need be a direct result of the tornado that struck Revere on July 28, 2014. All Claims are subject to review by the Administrator of the Fund and law enforcement authorities for qualifications and potential illegitimate or fraudulent claims.