

## Southern Territory

Date \_\_\_\_\_

Name \_\_\_\_\_ DL/ LL \_\_\_\_\_ Card # \_\_\_\_\_  
(In good standing? Circle - **YES** or **NO**)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Damage \_\_\_\_\_

Employer \_\_\_\_\_ Shift \_\_\_\_\_  
(Work hours)

Address \_\_\_\_\_

Do you own or rent your residence? \_\_\_\_\_ Is this your primary residence? \_\_\_\_\_

Are you staying in the dwelling? \_\_\_\_\_ If not, where are you staying? \_\_\_\_\_

Please describe the structural damage to the dwelling only (do not list damages to vehicles, furnishings, household items, clothes or food losses etc.)

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

This request is verified by IAM Representative:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

IAMAW GLR, Craig Martin, 690 E. Lamar Blvd., STE 580, Arlington, TX 76011

Cell Phone: 337-287-0698

**NOTE:** IAM Assistance Committee/ Representative, please direct all assistance request(s) through your General Vice President's office.

For IAMAW Headquarters, use only		
Amount _____	Disaster _____	Date _____
Director _____		