

**FLORIDA BAPTIST DISASTER RELIEF
PROPERTY OWNER'S
REQUEST FOR VOLUNTEER ASSISTANCE**

DATE: _____ **STORM NAME:** _____

PRIORITY: _____

(Determined by the Florida Baptist Disaster Relief Team)

Property Owner's Name: _____

Address: _____

City: _____ **State/Zip:** _____

Cell Phone #: _____ **HomePhone #:** _____

Insurance Carrier's Name: _____

Mark Assistance Type Being Requested:

- ___ Tree on roof creating hole in roof
- ___ Tree on roof but no hole
- ___ Trees blocking access to doors or drive
- ___ Debris that needs to be cleaned from yard
- ___ Tree in yard that needs to be cleaned up
- ___ Roof (including plywood missing)
- ___ Shingles only missing

Description of Job: _____

Special Instructions: _____

Insurance (YES) (NO)

Septic Tank (YES) (NO)