



Florida Surveying and Mapping Society Disaster Relief Application

Florida Surveying and Mapping Society Foundation
1689-A Mahan Center Boulevard
Tallahassee, FL 32308
850-942-1900
www.fsms.org

Name: _____ Amount of Funds requested: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Employer Name: _____

Employer Address: _____

Written summary of needs and planned use of relief funds (attach additional pages if necessary):
i.e. gas for generator, spoiled food, hotel costs, etc.

Insurance Information ☐ N/A

Do you have Homeowners or Renters Insurance?

- ☐ Yes Deductible: \$ _____
- ☐ No

Do you have flood insurance?

- ☐ Yes
- ☐ No

Building Coverage

- ☐ Yes Deductible: \$ _____
- ☐ No

Contents Coverage

- ☐ Yes Deductible: \$ _____
- ☐ No

If you have insurance, have you filed a claim?

- ☐ Yes
- ☐ No
- ☐ Insurance company has not yet investigated claim

Please Attach:

- Official documentation of insurance/statement
- Receipt of purchase (for reimbursements)

NOTICE: Documentation is required.

Signature: The undersigned, by signature of this document, verifies that the above information is true and complete and that the individual has a valid need for funds.

Applicant signature: _____ Date: _____

Date: _____

Executive Director

Amount: \$ _____

President