THE DISTRICT COUNCIL OF BLACK RIVER
APPLICATION FOR FINANCIAL ASSISTANCE FOLLOWING FIRE OUTBREAK

A. DETAILS OF APPLICANT

Full Name .....

Title ☐ Mr. ☐ Mrs. ☐ Ms.

National Identity Card No. .....

Address .....
.....

Contact No. .....

B. DETAILS OF FIRE OUTBREAK

Date of Fire Outbreak .....

Location / Place of Fire .....

Name of Person Affected .....

ID Card No. .....

Description / Extent of Damage .....
.....

C. SUPPORTING DOCUMENTS

	YES / NO	REFERENCE NO.
Fire Station Document / Report	☐ Yes ☐ No	.....
Police Station Memo / Report	☐ Yes ☐ No	.....
Other Supporting Documents	☐ Yes ☐ No	.....

D. DECLARATION

Declaration by Applicant: I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that the application is subject to verification and approval by the District Council of Black River.

Signature of Applicant .....

Date .....

FOR OFFICE USE ONLY

Date Received	Application Ref. No.	Officer's Remarks / Recommendation
.....	.....	.....

Name & Signature of Officer : .....

Date : .....