



NEVADA STATE FIREFIGHTERS' ASSOCIATION

Request for Fund Assistance

Type of Assistance Requested: BURN FUND BENEVELENCE FUND WIDOWS & ORPHANS FUND

Department/Member's Information

Department/Member's Name _____

Address _____ City _____ Zip _____

Phone Number(s): (H) _____ - _____ (W) _____ - _____ (C) _____ - _____

Department Contact Name _____

To Whom Assistance Is Requested For

Name _____

Address _____ City _____ Zip _____

Phone Number(s): (H) _____ - _____ (W) _____ - _____ (C) _____ - _____

Contact Name _____ Relationship _____

Contact's Phone Number(s): (H) _____ - _____ (W) _____ - _____ (C) _____ - _____

Please explain in detail the circumstances surrounding the Request for Fund Assistance:

Supporting Documentation Provided: Yes No {i.e., Run Report, News Clipping, etc.}

(If No, please explain) _____

Attach additional pages if necessary