

Storm Relief Application

Town of Starks

Personal Information

Full Name		
Address		
Phone	Email	
How many adults in the household	How many children in the household	
Did you have insurance coverage at the time of loss?	YES	NO

Home/Auto Loss

Item	Year Acquired	Value

Food/Supplies Loss - Please describe with approximate value

Other Losses (please indicate approximate value)

Signature

Date

Please turn this application in to the town office or email to townofstarks@gmail.com by Monday, March 5th. You must be a Starks resident to apply and will be notified by phone if eligible. Only one application per household.