



Bridger Foothills Fire Relief Inquiry & Funds Request Form

Please fill out this inquiry form to the best of your ability. We will remain in touch with you as we assess and work to meet the needs of individuals, families, businesses, and service organizations impacted by the Bridger Foothills Fire.

Today's date: _____

First Name: _____ Last Name: _____

[If you are filling this form out on the behalf of someone else, please list your first and last name and the best phone number to reach you: _____]

Your Organization / Business Name (if applicable): _____

Email Address: _____

Mobile/Best Phone Number: _____

Current mailing address, including zip code:

Address where damage occurred and/or address from which you evacuated (if applicable):

If you rented, name of landlord: _____

Landlord's telephone number (if applicable): _____

If you are an individual, family, or business seeking assistance, briefly describe how you were impacted by the Bridger Foothills Fire. Was your primary residence/business/farm destroyed or significantly damaged by the fire? To what degree, if any, are you insured for any of your losses? (homeowners, renters, business insurance, etc.).

If you are an individual, family, business, farm, etc. please describe your immediate need(s): _____

If you are an individual or family, how many people are in your household? # of adults _____ # of children _____

Total # in household: _____

Family Type		Housing Type (prior to the fire)	
<input type="checkbox"/>	Single Person	<input type="checkbox"/>	Own
<input type="checkbox"/>	Two-Parent Household	<input type="checkbox"/>	Buying
<input type="checkbox"/>	Single Parent	<input type="checkbox"/>	Rent
<input type="checkbox"/>	Adults – No Children	<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Adults & Children	<input type="checkbox"/>	Temporarily Living with Friend/Relative
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

If you are a service organization, what services are you providing to fire evacuees, victims, and other affected?

If you are an organization, Please describe your immediate funding need(s): _____

Is there anything else you want us to know? _____

Signature: _____

Date: _____