

To help ensure your *Application for Review* is complete, please make sure you have:

1. Contacted the Disaster Recovery Program office at **1-888-671-1111** and discussed the concern with a representative.
2. Had a damage assessment evaluator visit the damaged property at least once.
3. Received written notice of your ineligibility, or eligible assistance amount, under the Disaster Recovery Program.
4. Attached all relevant supporting documentation applicable to the review.
5. Clearly explained the issue you are disputing.

DATE OF LOSS _____

(dd / mm / yyyy)

APPLICATION # _____

Please check one only: **Home Owner** **Tenant** **Small Business** **Agriculture** **Institution**

APPLICANT INFORMATION

Last Name		First Name (in full)		
Business Name (Only if damage is to an income property, business property, farm or institution)				
Mailing Address	Street or PO Box	City, Town or Village	Province	Postal Code
Home Telephone Number	Business Telephone Number	Cellular Telephone Number	Confidential Fax	

DAMAGED PROPERTY INFORMATION

(For agriculture applicants, in the event of multiple damaged properties, please list each one on the continuation page of this form.)

Urban Address (if different from mailing address)		City, Town or Village			Postal Code	
Damaged Property Address - Rural		QTR	SEC	TWP	RGE	WEST of
MD/County _____		Rural Address _____				

REASON FOR REQUEST – Please tell us which section of the Disaster Assistance Guidelines your request pertains to.

(Provide any relevant supporting documentation as attachments to this application.)

DECLARATION

I, the Owner / Tenant / Authorized Agent, declare that all the information I am providing is true. I authorize the Minister of Municipal Affairs and the Program Administrators to contact any third party for information relevant to this application.

Signature of Applicant

Date

Information collected is for the purposes of the Disaster Recovery Program in accordance with the Alberta Freedom of Information and Protection of Privacy Act. Questions about the collection of information can be directed to Alberta Municipal Affairs, Alberta Emergency Management Agency, 14515-122 Avenue, Edmonton, AB T5L 2W4.

Submit this form, along with copies of any other pertinent information, to:

Managing Director
Alberta Emergency Management Agency
14515 122 Avenue
Edmonton AB T5L 2W4

If you need help filling out the form, please contact Alberta Emergency Management Agency toll-free at 310-0000, then 780-422-9000

Privacy Policy

*Pursuant to Part II of the Freedom of Information and Protection of Privacy (FOIP) Act, personal information collected from applicants in support of their application will be managed in accordance with the privacy provisions in the FOIP Act. Occasionally, staff administering the program receives requests for information about the program, applicants or successful recipients. Under Part II of the FOIP Act, disclosure of the name of a **successful and eligible** applicant and the total amount paid to them under the program would not be considered an unreasonable invasion of that individual's personal privacy. The information would reveal details of a discretionary benefit of a financial nature granted to an individual by Alberta Municipal Affairs. A detailed breakdown of the assistance would not be provided.*