



NATIONAL ASSOCIATION OF POLICE ORGANIZATIONS
RELIEF FUND, INC.
317 S. PATRICK STREET
ALEXANDRIA, VA 22314
(800) 322-6276 www.napo.org

ASSISTANCE REQUEST FORM, PAGE 1 OF 2
HURRICANE SANDY

(Check One)

- Sworn Certified Officer
 Sworn Certified Corrections Officer
 Civilian Employee
 Other (Please Specify Below)
-

Name: _____

Employing Agency: _____

Badge/ID Number: _____

SSN: _____

Date of Birth: _____

Current Residential Mailing Address: _____

Residence Damage Assessment Number: _____

(Please use the attached sheet for information to determine assessment number)

Personal Vehicle Information

Year Make Model

(Circle One)

No Damage/Damaged-Drivable/Total Loss

No Damage/Damaged-Drivable/Total Loss

Signature: _____

Date: _____



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ASSISTANCE REQUEST FORM, PAGE 2 OF 2

In order for us to determine the extent of damage caused by Hurricane Sandy to homes, we have developed the following scale. Please rate the damage to your home based on the damage assessments that we have listed and turn the information in to your union or association representative. Ask them to forward to NAPO. Current/future mailing address is very important and should be written legibly. All information should be completed and turned in as soon as possible.

- 1. No Damage (livable)**
- 2. Minor Damage (livable)** **Minor Shingle Loss
Minor Debris
No Water Damage**
- 3. Moderate Damage (livable)** **Shingle Loss
Small Trees Down
Some Water Damage**
- 4. Major Damage (unlivable)** **Roof Needs Replacing
Extensive Flooding
Large Trees Down
Carpet/Sheetrock Needs Removing**
- 5. Total Loss** **Structure is either destroyed or will have to be demolished**