

Consent Form

Hurricane Fiona Relief

We are collecting information to assist us in your loss assessment.

This information will be used only to:

- Evaluate and settle claims involving this incident.
- Compile data and conduct quality assurance.

Your information may be disclosed to other parties where necessary to carry out our needs assessment, but in all other respects, your information will be treated privately and confidentially; except as otherwise required by law.

By signing this form, you are consenting to the collection, use and disclosure of your personal information for the reasons stated above.

In acting upon my application, the Fiona Donations Management Committee may make all necessary inquiries and obtain an/or exchange information with other relevant agencies in support of any assistance granted or refused. Once completed, this application form becomes property of the residential respective Town Office.

Name: _____ Date: _____ Signature: _____

Witness: _____ Date: _____ Signature: _____