

MUTUAL RELIEF EYEGASSES CLAIM FORM

Member's Name: _____

Member's Address: _____

Fire Company Name: _____

Fire Company Address: _____

Fire Company Contact Person & Telephone Number:

Date of Incident: _____ Time: _____

Description of Incident: _____

Property Damaged and Cost: _____

Witnesses to the Incident: Name & Telephone Number

I do hereby swear/affirm that I personally can affirm that _____ did sustain a loss of the property that was not covered due to an incident that occurred while performing an activity of the organization.

Sworn to and subscribed before me this _____ day of _____, 20 _____

Secretary & Fire Co Seal

President &/or Chief

Attach a copy of the replacement receipt to this form and mail it to the Treasurer of Mutual Relief.