THE NATIONAL EMERGENCY MANAGEMENT AGENCY (NEMA)



HURRICANE MATTHEW

VERIFICATION OF DAMAGE AND REQUEST FORM FOR REPLACEMENT OF Building Materials, Electrical and Plumbing Fixtures and Materials, Household Furniture, Furnishing and Appliances, Generators

	/		
Name of Applicant:/ Last Name Marital Status:		Middle Name	
National Insurance No.:			
City/Toym/	Pattlamanta	2 3 100	
Cell	/	/Fax	
Age	Employment Status	Salary	
-			
		-	
<u></u>	Occupation:		
(a) Under \$100.00		(b) \$101.00 - \$200.00	
(e) \$401.00 - \$550.00		(f) Over \$550.00	
	City/Town/s E-mail: Cell Age	The First Name Age: Date of Birth: City/Town/Settlement: E-mail:/ Cell Work Age Employment Status Occupation: Occupation: (b) \$101.00 - \$20 (d) \$301.00 - \$40	

Type of Structure: Block/Stone Wood		
	Stucco	Tabby
Extent of Damage: Slight Moderate Severe	e [Destroyed
Ownership: Owner Tenant		
Please attach photographs of damages including photograph of	of house #	
Do you have Insurance Coverage? Yes No		
Sum insured: Building Contents		
Have you made or will you make a claim for Insurance?		
Name of Insurance Company / Broker:		
Please attach copy of insurance settlement		
DETAIL OF GOODS THAT ARE BEING REQUESTED: On the attached sheet, please provide detail of each item for wi include quantity, description and value.	hich approval is	being sought
Port of entry where goods will be imported:		
Please note that where any abuse or misuse of goods import	ted under this D	eclaration is
Please note that where any abuse or misuse of goods import observed, the goods may be seized and disposed of in accord Customs Management Act.	ted under this D ance with Section	eclaration is
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ITEMS REQUESTED FOR DUTY FREE IMPORTATION UNDER DECLARATION OF EXIGENCY ORDER HURRICANE MATTHEW

PLEASE PRINT				
Name of Applicant:				
Island: Settlement:				
Quantity	Description	\$ Value		
		5 value		
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