

Before a review is undertaken the applicant must meet the following five criteria:

1. Have contacted the disaster recovery program office at **1-888-671-1111** and discussed the concern with a representative.
2. Have had a damage assessment evaluator visit the damaged property at least once.
3. Received written notice of their ineligibility, or eligible assistance amount, under the Disaster Recovery Program.
4. Attach all relevant supporting documentation to the application, unless previously provided to the DRP.
5. Submit a complete application for review. A complete application is determined by the Managing Director.

Contact the DRP Appeals Group if you have questions about completing this form: 780-641-6471 or drp.appeals@gov.ab.ca

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)	
<i>Business Name (Only if damage is to an income property, business property, farm or institution)</i>			
Mailing Address	<i>Street or PO Box</i>	<i>City, Town or Village</i>	<i>Province</i> <i>Postal Code</i>
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)	<i>City, Town or Village</i>	<i>Postal Code</i>
Damaged Property Address - Rural	QTR	SEC
MD/County _____	TWP	RGE
Rural Address _____	WEST of	

REASON FOR REQUEST

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 require assistance in 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.*

Provide any relevant supporting documentation as attachments to this application.