



P.O. Box 1538
Rocky Mountain House, AB T4T 1B2
Telephone: (403) 845-4600 Toll Free: 1-888-845-4616
Fax: (403) 845-2751
Email: bmpc@bmpower.coop

Disaster Assistance Application

Applicant Information:

Name (Current Full Legal Name)

Phone Number

Mailing Address

City/Town

Province

Country

Postal Code

Account Number

E-Mail Address

Please give a complete description of the applicant's circumstances:

ID: Form ADM-0005	Disaster Assistance Application		
Effective Date: 10-Dec-2018	Last Revision: 10-Dec-2018	Version: 2.0	Total Pages: 2



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Nominator Information (if applicable):

_____		_____	
Name (Current Full Legal Name)		Phone Number	

Mailing Address			

_____	_____	_____	_____
City/Town	Province	Country	Postal Code
_____		_____	
Account Number		E-Mail Address	

Declaration of Applicant/Nominator:

I have read and understand the instructions, and declare that:

- All information provided is true and complete, and I understand it is subject to verification.

_____	_____
Signature of Applicant or Nominator	Date

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