



**ROTARY CLUB of NEW PORT RICHEY**  
**DISASTER RELIEF PROSPECT**  
*Service Above Self*

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Contact number: \_\_\_\_\_

**CONTACT INFO OF RELIEF PROSPECT:**

Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Power on? YES \_\_\_\_\_ NO \_\_\_\_\_

Age, health or mobility issues? YES \_\_\_\_\_ (Describe) \_\_\_\_\_ NO \_\_\_\_\_

**TYPE OF RELIEF NEEDED (CHECK ALL THAT APPLY):**

HOUSING (# PEOPLE)  
 Adults \_\_\_\_\_ Children \_\_\_\_\_

MUCK & GUT

FOOD (# PEOPLE) \_\_\_\_\_

SALVAGE SUPPLIES  
 (Trash bags, plastic bins,

OTHER (Specify in "Additional details" below.)

boxes, antibacterial wipes,  
 paper towels, etc.)

Additional details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**ROTARY USE ONLY**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Date: \_\_\_\_\_

Referred to: \_\_\_\_\_

Date: \_\_\_\_\_