



To: Local Unions: 77, 115, 502, 926, BLET, BMWE, GCIU
Joint Councils: 40 and 53

From: Cheryl L. Johnson, Secretary Disaster Relief Fund

Date: April 26, 2005

PLEASE POST

DISASTER ALERT NOTICE

FEMA-1587-DR, Pennsylvania

DESCRIPTION OF DISASTER

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of "*Pennsylvania*" opening the way for the use of federal disaster funds for people besieged by "*severe storms and flooding*" that occurred on "*April 8, 2005.*" Assistance is available to individuals and households for the following counties:

**Bradford, Bucks, Columbia, Luzerne, Monroe, Northampton,
Pike, Wayne, and Wyoming**

Teamster members please contact your Local Union office if you have suffered losses due to the "severe storms and flooding," and fill out a "Request For Help" form (include all requested documentation), if you would like to request a grant from the Teamsters Disaster Relief Fund.

**DISASTER RELIEF FORMS MUST BE RETURNED TO THE
TEAMSTERS DISASTER RELIEF FUND BY
THURSDAY, MAY 26, 2005**

REQUEST FOR HELP
TEAMSTERS DISASTER RELIEF FUND

2005 PENNSYLVANIA – SEVERE STORMS AND FLOODING

This Form must be completed in FULL for consideration

****NOTE:** copies of Insurance Policy, Any Damage Claim forms, Any Estimates, Correspondence from any other Financial Assistance Group, and Pictures must be attached.

Please print all information

Name _____

Local Union _____
(if applicable)

Address: _____

S. S. N. _____

Daytime Phone _____
(where you can be reached)

Check one:

_____ Married _____ Single **No. of Dependents & Ages (excluding yourself):** _____

Employment Status: _____ Working _____ Temporary layoff due to disaster

_____ Retired _____ Unemployed (pre-disaster) _____ Weeks without work

Extent of Damage: _____ Total _____ Major _____ Minor

Briefly describe your loss: _____

Estimated loss: *HOUSING* \$ _____ Dollar Amount OWN RENT

(DWELLING STRUCTURE, FOUNDATION, ROOF, SIDING, SHEDS, ETC.)

Itemize briefly: _____

Estimated loss: *PERSONAL PROPERTY* \$ _____ Dollar Amount

(CAR, TRUCK, REFRIGERATOR, CLOTHING, GROCERIES, ETC.)

Itemize briefly: _____

Is your damage covered by insurance? _____ Yes _____ No \$ _____ Deductible Amount

Have you already applied to: Red Cross: _____ Yes _____ No F. E. M. A.: _____ Yes _____ No

Are you receiving federal, state, or other disaster relief? _____ Yes _____ No

If so, what type: _____ Total already received \$ _____

**** For each type of loss described above, please estimate the amount that you do not expect to be covered by insurance or other sources of disaster relief (include any insurance deductibles not covered by any other sources of relief):** _____

Previous receipts from Teamsters Disaster Relief Fund: Total \$ _____

I certify the above statements to be true and correct to the best of my knowledge and belief.

Signature _____

Date _____

******RETURN FORM TO******

Teamster Disaster Relief Fund, 25 Louisiana Ave., N. W., Washington, D.C. 20001

Committee Use Only

Reviewed by: _____

Recommended by: _____

Amount: _____

Check Received by: _____

Date: _____



To: Joint Councils: 10, 16, 18, 46, BLET, BMWE, GCIU
From: Cheryl L. Johnson, Secretary Disaster Relief Fund
Date: April 26, 2005

PLEASE POST

DISASTER ALERT NOTICE
FEMA-1589-DR, New York

DESCRIPTION OF DISASTER

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of "*New York*" opening the way for the use of federal disaster funds for people besieged by "*Severe Storms and Flooding*" that occurred on "*April 2 – 4, 2005.*" Assistance is available to individuals and households for the following counties:

**Broome, Chenango, Cortland, Delaware, Orange, Rensselaer,
Schenectady, Schoharie, Sullivan, Tioga, and Ulster**

Teamster members please contact your Local Union office if you have suffered losses due to "Severe Storms and Flooding," and fill out a "Request For Help" form (include all requested documentation), if you would like to request a grant from the Teamsters Disaster Relief Fund.

**DISASTER RELIEF FORMS MUST BE RETURNED TO THE
TEAMSTERS DISASTER RELIEF FUND BY
"THURSDAY, MAY 26, 2005"**

**REQUEST FOR HELP
TEAMSTERS DISASTER RELIEF FUND**

2005 NEW YORK (SEVERE STORMS AND FLOODING)

This Form must be **completed in FULL** for consideration

****NOTE:** Copies of Insurance Policy, Any Damage Claim forms, Any Estimates, Correspondence from any other Financial Assistance Group, and Pictures must be attached.

Please print all information

Name _____ Local Union _____
Address: _____ S. S.N. _____
_____ Daytime Phone _____
(where you can be reached)

Check one:

_____ Married _____ Single **No. of Dependents & Ages (excluding yourself):** _____

Employment Status: _____ Working _____ Temporary layoff due to disaster

_____ Retired _____ Unemployed (pre-disaster) _____ Weeks without work

Extent of Damage: _____ Total _____ Major _____ Minor

Briefly describe your loss: _____

Estimated loss: **HOUSING** \$ _____ Dollar Amount OWN RENT
(DWELLING STRUCTURE, FOUNDATION, ROOF, SIDING, SHEDS, ETC.)
Itemize briefly: _____

Estimated loss: **PERSONAL PROPERTY** \$ _____ Dollar Amount
(CAR, TRUCK, REFRIGERATOR, CLOTHING, GROCERIES, ETC.)
Itemize briefly: _____

Is your damage covered by insurance? _____ Yes _____ No \$ _____ Deductible Amount

Have you already applied to: Red Cross: _____ Yes _____ No F. E. M. A.: _____ Yes _____ No

Are you receiving federal, state, or other disaster relief? _____ Yes _____ No

If so, what type: _____ Total already received \$ _____

**** For each type of loss described above, please estimate the amount that you do not expect to be covered by insurance or other sources of disaster relief (include any insurance deductibles not covered by any other sources of relief):** _____

Previous receipts from Teamsters Disaster Relief Fund: Total \$ _____

I certify the above statements to be true and correct to the best of my knowledge and belief.

Signature _____

Date _____

******RETURN FORM TO******

Teamster Disaster Relief Fund, 25 Louisiana Ave., N. W., Washington, D.C. 20001

Committee Use Only

Reviewed by: _____

Recommended by: _____

Amount: _____

Check Received by: _____

Date: _____



To: Local Unions: 35, 125, 478, 560, 723, BLET, BMW, GCIU

Joint Council: 73

From: Cheryl L. Johnson, Secretary Disaster Relief Fund

Date: April 26, 2005

PLEASE POST

DISASTER ALERT NOTICE

FEMA-1588-DR, New Jersey

DESCRIPTION OF DISASTER

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of "*New Jersey*" opening the way for the use of federal disaster funds for people besieged by "*Severe Storms and Flooding*" that occurred on "*April 1 – 3, 2005.*" Assistance is available to individuals and households for the following counties:

Bergen, Essex, Gloucester, Hunterdon, Mercer, Morris, Passaic, Sussex and Warren

Teamster members please contact your Local Union office if you have suffered losses due to the "Severe Storms and Flooding," and fill out a "Request For Help" form (include all requested documentation), if you would like to request a grant from the Teamsters Disaster Relief Fund.

**DISASTER RELIEF FORMS MUST BE RETURNED TO
THE TEAMSTERS DISASTER RELIEF FUND BY
"THURSDAY, MAY 26, 2005"**

REQUEST FOR HELP
TEAMSTERS DISASTER RELIEF FUND

2005- New Jersey (Severe Storms and Flooding)

This Form must be **completed in FULL** for consideration

****NOTE: Copies of Insurance Policy, Any Damage Claim forms, Any Estimates, Correspondence from any other Financial Assistance Group, and Pictures must be attached.**

Please print all information

Name _____ Local Union _____
Address: _____ S. S.N. _____
Daytime Phone _____
(if applicable)
(where you can be reached)

Check one:

_____ Married _____ Single **No. of Dependents & Ages (excluding yourself):** _____

Employment Status: _____ Working _____ Temporary layoff due to disaster

_____ Retired _____ Unemployed (pre-disaster) _____ Weeks without work

Extent of Damage: _____ Total _____ Major _____ Minor

Briefly describe your loss: _____

Estimated loss: **HOUSING** \$ _____ Dollar Amount OWN RENT

(DWELLING STRUCTURE, FOUNDATION, ROOF, SIDING, SHEDS, ETC.)

Itemize briefly: _____

Estimated loss: **PERSONAL PROPERTY** \$ _____ Dollar Amount

(CAR, TRUCK, REFRIGERATOR, CLOTHING, GROCERIES, ETC.)

Itemize briefly: _____

Is your damage covered by insurance? _____ Yes _____ No \$ _____ Deductible Amount

Have you already applied to: Red Cross: _____ Yes _____ No F. E. M. A.: _____ Yes _____ No

Are you receiving federal, state, or other disaster relief? _____ Yes _____ No

If so, what type: _____ Total already received \$ _____

**** For each type of loss described above, please estimate the amount that you do not expect to be covered by insurance or other sources of disaster relief (include any insurance deductibles not covered by any other sources of relief):** _____

Previous receipts from Teamsters Disaster Relief Fund: Total \$ _____

I certify the above statements to be true and correct to the best of my knowledge and belief.

Signature _____

Date _____

*****RETURN FORM TO*****

Teamster Disaster Relief Fund, 25 Louisiana Ave., N. W., Washington, D.C. 20001

Committee Use Only

Reviewed by: _____ Recommended by: _____

Amount: _____

Check Received by: _____ Date: _____