NEW MEXICO DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT

# REQUEST FOR ASSISTANCE
# STATE DISASTER ASSISTANCE PROGRAM

| INCIDENT NAME: | |
|---|---|
| EO NUMBER: | |

| APPLICANT (Political subdivision or eligible applicant) | Date Submitted: |
|---|---|
| | |

## APPLICANT PHYSICAL LOCATION

| STREET ADDRESS | | | |
|---|---|---|---|
| | | | |
| CITY | COUNTY | STATE | ZIP CODE |
| | | | |

## MAILING ADDRESS (if different from physical location)

| STREET ADDRESS | | | |
|---|---|---|---|
| | | | |
| P.O. BOX | CITY | STATE | ZIP CODE |
| | | | |

| PRIMARY CONTACT<br>Applicant's Authorized Agent | ALTERNATE CONTACT |
|---|---|
| NAME | NAME |
| TITLE | TITLE |
| BUSINESS PHONE | BUSINESS PHONE |
| FAX NUMBER | FAX NUMBER |
| HOME PHONE (optional) | HOME PHONE (optional) |
| CELL PHONE | CELL PHONE |
| E-MAIL ADDRESS | E-MAIL ADDRESS |
| PAGER W/ PIN | PAGER W/ PIN |

**RETURN THIS FORM TO:**

**RECOVERY UNIT MANAGER**
**NM DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT**
**P.O. BOX 27111**
**SANTA FE, NM 87502**

**EMAIL -- brian.williams@state.nm.us**

**SUBMITTING THIS FORM DOES NOT GUARANTEE THAT THE APPLICANT WILL QUALIFY FOR ASSISTANCE.**