

Setauket Volunteer Fireman's Benevolent Association

Setauket Volunteer Fireman's
Benevolent Association
190 Main Street
PO Box 271
East Setauket, New York 11733
(631) 941-4900 Ext. 1069

ASSISTANCE REQUEST (PLEASE PRINT)

Name: _____ Badge Number: _____ I herewith request

Benevolent Assistance in the amount of _____, for the following reasons:

Please attach an itemized list of your monthly expenditures and monthly income. I declare my request(s) are not covered by any insurance or Medical Plan Applicant, and that I have not been previously reimbursed for these expenses by any organization.

Signature _____ Date _____ I understand that my request does not affect my benefits in the Benevolent Association Disposition

By motion made seconded and carried request was **APPROVED/DENIED**

Benevolent Trustees in Attendance

William Rohr, President

David Walters, V. Pres.

Richard Leute, Treas.

Patty Rodier, Secretary

Ryan Giles, Trustee

Date: _____

BY: _____ Secretary

CC: Treasurer

Members File