

**Eagle County Emergency Responders Fund**

**Application Form for Assistance**

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| Name: | Phone:  Email: | |
| Agency: | Length of Employment:  Current Retired (check one) | |
| Provide brief explanation of situation requiring assistance:   * ***Please submit a copy of your driver’s license with this form.*** | | |
| Applicant  Signature: | | Date: |
| Approval  Signature: | | Date: |
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