

**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.***
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| Applicant Signature:  | Date: |
| ApprovalSignature:  | Date: |
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