

Baton Rouge Bar Foundation
Flood Relief Program

REQUEST FOR ASSISTANCE

Return by email to: floodrelief2016@brba.org

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PARISH OF RESIDENCE _____

EMPLOYER _____

PARISH OF EMPLOYER _____

PHONE NUMBER _____

EMAIL ADDRESS _____

DESCRIPTION OF LOSS/NEED

DO YOU HAVE FLOOD INSURANCE? YES NO

IF SO, WHAT IS YOUR DEDUCTIBLE? _____

Applicant Verification

I certify that I am an attorney or a current staff member of a local law firm/attorney, and I live and/or work in one of the parishes qualifying for federal assistance as a result of the August 2016 flooding.

Name

Bar Roll Number (if applicable)

Date