



# Comanche Nation Emergency Management

## Application for Emergency Services

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you a member of the Comanche Tribe? YES ☐ NO ☐ CDIB Number \_\_\_\_\_

Have you been affected by a disaster? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you been affected by a fire? YES ☐ NO ☐ If yes, When? \_\_\_\_\_

### Requested Services

*Please specify in detail the type of service you are requesting. (Tree limbs, A/C Loan, Water, fire , etc)*

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### Required Documentation

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| <input type="checkbox"/> Proof of Address            | <input type="checkbox"/> CDIB's for all Tribal Members |
| <input type="checkbox"/> Fire Report (If applicable) | <input type="checkbox"/> Photos of Damages             |
| <input type="checkbox"/> Liability Waiver            | <input type="checkbox"/> Completed Application         |

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may be denied. I also understand that the program is not responsible for hauling away brush piles or cut treelimbs.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_