



CLACKAMAS EMERGENCY SERVICES
FOUNDATION

**Clackamas Emergency Services Foundation
Application for Wildfire Relief--Agency**

Date: _____

Name of Agency: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Agency Representative: _____

Title: _____

Email address: _____

Mobile phone number: _____

Amount Requested: \$ _____

Description of Loss / Need:

How will the funding be used?

Signature: _____ Date: _____

Office Use Only

Notes: _____

Authorized /Verified by _____

Title: _____ Date: _____

Please return completed form to Rachel Trotman by email at
rachel.trotman@clackamasfire.com or mail to 11300 SE Fuller Rd. Milwaukie, OR
97222. For questions call Rachel at 503-742-2646.