



Ministry of
Corrections, Public
Safety and Policing

APPLICATION NUMBER

For office use only

Provincial Disaster Assistance Program (PDAP) Private Property Application

DESIGNATED DISASTER AREA

Municipality Name Town of Warman	Date of Loss June 30, 2010	Type of Event Heavy Rain
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APPLICATION TYPE

Please check applicable boxes:

- Home Owner (Principal Residence Only) Primary Agricultural Enterprise Park Authority
 Other Individuals Small Business Board
 Please explain: _____
 Home is not Habitable Charitable Organization

APPLICANT INFORMATION

Name(s) (Last, First, Middle Name or Initial)

Business Name (if damage is to an income or business property)		Name of Contact Person	
Mailing Address	Street	City, Town or Village	Postal Code
Residence Telephone Number	Business Telephone Number	Cell Phone Number	Email Address
()	()	()	

ALTERNATE ADDRESS AND TELEPHONE NUMBER I CAN BE CONTACTED AT:

Address	Street	City, Town or Village	Postal Code	Telephone Number
				()

DAMAGED PROPERTY INFORMATION

Damaged Property Address - Urban (if different from mailing address)	Street	City, Town or Village	Postal Code
Damaged Property Address - Rural	QTR	SEC	TWP
			RGE
			WEST of
	QTR	SEC	TWP
			RGE
			WEST of
	QTR	SEC	TWP
			RGE
			WEST of

FARM LAND OWNER'S AUTHORIZATION

I/We as the registered owners of the property listed direct and authorize the Provincial Disaster Assistance Program to make payment(s) to the eligible Operator(s) for eligible damages to my land.

Registered Owner(s) Name(s) (Last, First, Middle Name or Initial)

Address	Street	City, Town or Village	Postal Code
Telephone Number			
()			
Tenant Name			

SIX MONTH DEADLINE FOR SUBMISSION OF APPLICATION

Application form(s) must be filed within six (6) months from the date of loss. Submissions received after this date may result in PDAP not providing assistance.

SIX MONTH DEADLINE DATE: DECEMBER 30, 2010

INSURANCE INFORMATION

Name of Insurance Broker/Agent		Telephone Number	
		()	
Date Broker/Agent was Notified of the Damage and Loss	Has your claim been denied by your insurer?		
	<input type="checkbox"/> YES (Please attach documentation from your insurance agency/broker.)		
	<input type="checkbox"/> NO (Please provide an explanation.)		

LOSS AND DAMAGE

Briefly describe when and how loss and/or damage occurred:

I declare all information to be true.

Signature of Applicant	Date	Signature of Witness	Date

SIX MONTH DEADLINE FOR SUBMISSION OF APPLICATION

➤ Application form(s) must be filed within six (6) months from the date of loss. Submissions received after this date may result in PDAP not providing assistance

SIX MONTH DEADLINE DATE: DECEMBER 30, 2010

Please return original application forms to:

**Provincial Disaster Assistance Program (PDAP)
100-1855 Victoria Avenue
REGINA SK S4P 3T2
Toll Free: 1-866-632-4033**

ITEMS LOST OR DAMAGED

- Additional items may be listed on a separate sheet, numbered consecutively following the items listed below.
- Additional detail about the items listed below must be provided on a separate sheet, numbered the same as below.
- PDAP requires pictures to be submitted for all loss and/or damage(s).

Description of Item

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	