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Application for Assistance

				community as outlined	in detail on our website
Applicant Name:					
Mailing Address				City, Prov. Postal Code	
Home Phone #		Cell Phone #		Email Address	
Drivers Licence #		!		Class Type	
ŀ	(Please use ba		on of Accident		,
Date of Collision:	(Please use back of application form if not enough space below) f Collision: Location:				
				Į	
Were you issued a polic	ce ticket as a result of	of this collision?	If so, please of	lescribe:	
				ill provide, please give	
In order to assist us Can you describe the si					

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Type of assistance you are requesting / how can we be of help?

The following items must accompany your application before approval can be given or any funds released:

- 1. Copy of valid Nova Scotia Driver's license
- 2. Copy of valid insurance
- 3. Copy of police report (police incident number as well if an urgent request for financial assistance)

In making this application for assistance, I hereby certify that:

1. I was not intoxicated by any substance or driving in a reckless or unsafe manner

2. All above statements are true and correct to the best of my knowledge.

Signature

Date

To submit your application, please contact either:

General Contact		Tracy Gauvreau		
	Bikersdownnovascotia@gmail.			
Email:	<u>com</u>	Email:	tracylgauvreau@gmail.com	
Phone:	+	Phone:	(902) 229-8834	
This space for Bikers Down Society Use Only:				