



# Medical Lake Gray Rd. Fire Disaster Assistance Intake Form

Fill out and turn in, return in person to Medical Lake City Hall, 124 S Lefevre St, Medical Lake or email to: [ERT@Medical-Lake.org](mailto:ERT@Medical-Lake.org) Phone: (509) 505-3650

*Client Information* \* *Required fields*

Name (First & Last): \* \_\_\_\_\_

Email: \* \_\_\_\_\_

Primary Phone: \* \_\_\_\_\_

Secondary Phone: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

Primary Residence: \*      Yes      No

Level of Damage: \*      Damaged      Destroyed

Do you: \*      Rent      Own

Homeowners/Renters Insurance: \*      Yes      Yes (Underinsured)      No

Current Address: \*  
\_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

Do you have Pets / Animals: \*      Yes      No

If YES, where are they staying? \_\_\_\_\_

Quantity & Species of Pets / Animals:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you anticipate needing longer term assistance with care? (food, supplies, place to stay...) please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_