CPAR Relief Application

First AND Last Name:

CPAR Realtor Member? Y/N YES

CPAR Power Partner? Y/N YES

Email:

Phone:

Address:

Describe Damage to Property:

Type of Assistance you need (Monetary or Labor): Monetary

Are you seeking assistance for your home or Real Estate Office?: Home

Is the home/office you are seeking assistance for insured? YES

Is the home/office you are seeking assistance for your primary residence? YES

What is the insurance provider name?

Please submit completed form to membership@cpaor.org

Additional information may be requested at the discretion of the Disaster Relief committee