



**MORNINGTON
PENINSULA**
Shire

MAYORAL EMERGENCY FUND

NAME:		TELEPHONE NO:	
ADDRESS:			

DETAILS OF YOUR NEED FOR EMERGENCY FUNDS: (Please attach any additional information to support your application)

DETAILS OF ASSISTANCE FROM OTHER AGENCIES OR ORGANISATIONS:

Agency	Address	Contact Name	Telephone No.

DETAILS OF A PERSON WHO CAN SUPPORT YOUR REQUEST FOR EMERGENCY ASSISTANCE:

NAME:		TELEPHONE NO:	
ADDRESS:			

I confirm that the details provided in this application are, to the best of my knowledge, true and correct:

Signed:		Dated:	
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Please send the completed form to: Christine Aslanidis, Team Leader Governance and Legal Support
Private Bag 1000, Rosebud, 3939

For further information, please contact: Christine Aslanidis, on 5950 1137 or christine.aslanidis@mornpen.vic.gov.au

Information Privacy Declaration

Council is collecting personal information on this form in accordance with its legislative powers and functions. The information will only be used and disclosed in accordance with these powers and functions. You may access the information by contacting Council.

<i>For Office Use Only:</i>		
File No(s) fA47478	Date Received	Responsible Officer