**Request for Assistance**

I,      do hereby request financial assistance from the Fayette County Public Safety Benevolent Society, Inc. as an active member in good standing.

(Please use the space below to describe your injury/illness)

Date of Injury/illness:       Membership Date:

Work Missed Beginning:       Date Leave Expired:

Expected Return Date (If known):

Current Mailing Address:

**Board Use**

Assistance Granted:      Date of First Assistance:

Date of Last Assistance:

Reason Assistance Denied (If Applicable):

Board Members Granting Assistance