



100 CLUB OF AMARILLO

OFFICER/FIREFIGHTER INJURY REQUEST FORM

POTENTIAL BENEFITS

Request # _____

Date of Incident: _____ Line of Duty? Yes / No Years of Service: _____ Today's Date: _____

Name of Injured: _____ Birth Date: _____

Title/Position: _____

Spouse Name: _____ Birth Date: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Other Phone: (____) _____ Email: _____

Make Benefit Check To: _____

Dependents: (other than spouse)

Birth Date(s):

_____	_____
_____	_____
_____	_____
_____	_____

Information Provided By:

Name: _____ Title: _____

Office Phone: (____) _____ Mobile Phone: (____) _____

FAX Phone: (____) _____ Email: _____

Department/Agency: _____

Address: _____ City: _____ ZIP: _____

Incident Detail: (Provide who, what, where, when, how, reports, articles, if available)

Was there surgery involved: YES / NO

Estimated time of recovery: _____

(To be completed by authorized 100 Club personnel)

Approved: _____ Date: _____ Check#: _____ Amount: _____

Call (806) 331-4100 to have this form picked up, or mail to: 100 Club of Amarillo PO Box 589 Amarillo, TX 79105