Print Form

APPLICATION FOR ASSISTANCE

SNOW REMOVAL POLICY 2009-2

Ensuring a safe and secure homeland for all North Dakotans

(Name of Applicant)	(Date Submitted)
(Name of Applicant's Agent)	(Business Phone)
(Applicant Agent's Title)	(Home Phone)
(Business Address)	(Cell Phone)
(City, State, Zip Code)	(Fax Number)
	(E-mail)

- **State agency administering grant:**

  ND Department of Emergency Services
  Division of Homeland Security
  PO Box 5511
  Bismarck, ND 58506-5511

- **Contact for additional information:**

  ND Department of Emergency Services
  Division of Homeland Security
  Public Assistance Officer
  PO Box 5511
  Bismarck, ND 58506-5511
  701-328-8100 or 1-800-773-3259

- **Type of applicant:**

☐ State ☐ Indian tribe

☐ County ☐ City

☐ Private Non-profit ☐ Other

- **Applicant Certifies:**

To the best of my knowledge and belief, data in this application is true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached a assurances if the assistance is provided.

(Signature of applicant's agent)	(Date Signed)