



# The Palm Beach Police Foundation, Inc.

## Request for Assistance

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PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BRIEF DESCRIPTION OF REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT REQUESTED: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

HAVE YOU FILED A CLAIM WITH YOUR INSURANCE PROVIDER? Y / N

IF YES, PLEASE PROVIDE THE EXPLANATION OF BENEFITS AND/OR DENIAL LETTER FROM YOUR INSURANCE PROVIDER.

IF NO, PLEASE FILE WITH YOUR INSURANCE PROVIDER IMMEDIATELY.

**PLEASE ATTACHED ANY DOCUMENTS RELATED TO YOUR REQUEST (I.E., RECEIPTS, REPORTS, BILLS, ETC.)**

PLEASE MAIL, FAX OR EMAIL YOUR REQUEST TO:

PALM BEACH POLICE FOUNDATION, INC.  
ATTN.: ASSISTANCE FUND  
139 N. COUNTY ROAD, SUITE 20C  
PALM BEACH, FL 33480  
FAX: (561) 833-5933  
EMAIL: [INFO@PBPf.US](mailto:INFO@PBPf.US)

**IN THE CASE OF DIRE EMERGENCIES, PLEASE CONTACT THE PALM BEACH POLICE FOUNDATION IMMEDIATELY AT (561) 820-8118 OR CONTACT THE DIRECTOR OF PUBLIC SAFETY.**