

# DISASTER RELIEF FUND

KOA OWNERS ASSOCIATION, INC.



## CLAIM FORM

Kampground Name:  Franchise #:

Main Contact:

Main Contact Phone: (  ) -  Main Contact Email:

Kampground Address:  Owner's Association Member?:  Yes  No

Date of Disaster:  Insurance Coverage?:  Yes  No

If Yes, Insurance Coverage is available, explain:

Description of Disaster:

Estimate of Value of Damages:  Repair Cost Estimate:

Was it Necessary to Close the Kamp?  Yes  No

Other KOA Owners Who Witnessed the Disaster:

Name of Owners Investigating the Disaster:

Disaster Relief Funds Approved?    
*Signature* *Date*

THANK YOU FOR REACHING OUT TO THE  
KOA OA DISASTER RELIEF FUND

KOA Owners Association Office  
PO Box 228  
Ettrick, WI 54627  
(608) 526-2323