



## FILE REQUEST FORM

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

EGRANTS APPLICANT ID: \_\_\_\_\_

PERSON SUBMITTING REQUEST:

- a. \_\_\_\_\_ Applicant
- b. \_\_\_\_\_ Communication Designee
- c. \_\_\_\_\_ Advocacy Group
- d. \_\_\_\_\_ Attorney representing applicant
- e. \_\_\_\_\_ Other attorney
- f. \_\_\_\_\_ Other: \_\_\_\_\_

DATA BEING REQUESTED:

- a. \_\_\_\_\_ Applicant Provided Data
- b. \_\_\_\_\_ Program Processing Documents
- c. \_\_\_\_\_ eGrants Communication Notes

Complete following information if requestor is not the applicant. This information will be used for authorization purposes and for delivery tracking purposes.

- a. Name of person requesting applicant data: \_\_\_\_\_
- b. Job Title: \_\_\_\_\_
- c. Company/Agency \_\_\_\_\_
- d. Phone number: \_\_\_\_\_
- e. E-mail address: \_\_\_\_\_
- f. Street Address: \_\_\_\_\_
- g. City: \_\_\_\_\_
- h. State: \_\_\_\_\_
- i. Assigned Case Manager for Applicant: \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

If the address I wish my application file contents to be mailed or delivered is different than either the damaged property address or physical mailing address currently in the eGrants (the electronic database for Restore Louisiana), and I want my file to be delivered to a different address, then I hereby authorize the Restore Louisiana Homeowner Assistance Program to mail the application file contents to the following address:

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

I certify the above physical address to be my current mailing address, and wish the Restore Louisiana Homeowner Assistance Program to update the Physical Mailing Address for my application.

\_\_\_\_\_

**Applicant's Signature**