



KAMPGROUND OWNERS ASSOCIATION  
DISASTER RELIEF FUND  
CLAIM FORM

Return To:  
Kampground Owners Association  
P.O. Box 361064  
Birmingham, AL 35236  
Fax: (205) 823-2760

KAMPGROUND NAME \_\_\_\_\_ FRANCHISE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MEMBERS OF OWNERS ASSOCIATION \_\_\_\_\_  
yes no

DATE OF DISASTER \_\_\_\_\_

INSURANCE COVERAGE \_\_\_\_\_  
yes no

IF YES, EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF DISASTER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATE OF VALUE OF DAMAGES \_\_\_\_\_

ESTIMATE OF REPAIR COSTS \_\_\_\_\_

WAS IT NECESSARY TO CLOSE THE KAMP? \_\_\_\_\_

OTHER KOA OWNERS WHO WITNESSED THE DISASTER \_\_\_\_\_  
\_\_\_\_\_

NAME OF OWNERS INVESTIGATING THE DISASTER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disaster Relief Fund approval by: \_\_\_\_\_

Date: \_\_\_\_\_