

Town of Stratford
Rollin Baldwin Fund

(to be completed at the time of each request for assistance)

DATE: _____

NAME: _____
 Last First Middle Maiden

ADDRESS: _____
 Street / # / Apartment Town

DATE OF BIRTH: _____ TELEPHONE: _____

AMOUNT OF ASSISTANCE YOU ARE REQUESTING AT THIS TIME? _____

A BRIEF DESCRIPTION FOR THE REQUEST: _____

SIGNATURE