

**FRATERNAL ORDER OF POLICE
STATE LODGE OF INDIANA
FINANCIAL REQUEST**

Date _____

This is a request to the State Lodge for Financial Assistance

Name of Person Requesting Assistance: _____

Name of Person you are requesting funds for: _____

1. _____ Address _____

2. _____ Address _____

Amount of Request _____

Give Brief Details Regarding Reason for Request:

Trustee's Recommendation

State Board Action _____ Date _____

Action Taken

State Lodge President _____ State Lodge Secretary _____

Submit Request: fop@instatefop.org

Lodge Seal