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KY Tornado Relief Fund

H-2A Contract Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Describe your storm damage and approximate cost to repair or replace.

Complete application and return to AWMA by Friday, April 1, 2022.