Date (y/m/d): 年　　　月　　　日

Disaster Damage Certificate Application Form

被災証明書交付申請書

　　To the Mayor of Komatsu City 小松市長　宛

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant申請者 | Address  所在地 |  | TEL  電話番号 |  |
| Name of Business  事業所名 |  | | |
| Name of Representative代表者名 | （Title役職）  （Name 氏名）　　　　　　　　　　　印 | | |

※The applicant should provide their signature or seal

I request for issuance of a disaster damage certificate based on the damage detailed below:

|  |  |
| --- | --- |
| Date of Damage  被災した日 | 年　　　月　　　日  (year) (month) (day) |
| Type of Disaster  災害の種類  \*circle to indicate | 1 Earthquake/Fire地震・火災 2 Wind/Water風水害  3 Othersその他（　　　　　　） |
| Address of Damaged Property被災物件の所在地 |  |
| State of Damage  被害の状況 | Specify the damaged parts (including machines, equipment, goods etc.) and describe the damage in simple terms. |
| Purpose of Certificate  証明書の使用目的 |  |

Additional Documents

・Photos showing the damage

(full view of damaged property, and close up views of damaged parts)