



- Insured
- Not insured

Business Assistance Request

www.ocnjCARE.org

Name _____

Business Name _____

Business Address _____

Email _____

Phone _____ Cell Phone _____

I am requesting assistance in the following areas:

- | | |
|---|--|
| <input type="checkbox"/> Ceilings | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Clean-up | <input type="checkbox"/> Heating/Cooling |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Display Cases/Fixtures | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Dry Wall | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electric | _____ |

Please return forms to: OC Chamber office, 16 E. 9th St,
Ocean City, NJ 08226, fax 609-398-3932 or email
info@oceancitychamber.com