|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| cid:image003.png@01D2DBB1.3356B320  **REQUEST FOR STATE DISASTER ASSISTANCE** | | | | | HSEM 2023 |
| **Homeland Security Emergency Management**  **Minnesota Department of Public Safety** | | | | | |
| **Applicant: WINDEMERE TOWNSHIP** | | | | | Date Submitted  **2/9/2023** |
| **County: PINE** | | | | | |
| **APPLICANT PHYSICAL LOCATION** | | | | | |
| Street Address: **91546 MILITARY ROAD** | | | | | |
| City **STURGEON LAKE** | County **PINE** | | State  **MN** | Zip Code  **55783** | |
| **MAILING ADDRESS** (If different from Physical Location) | | | | | |
| Street Address | | | | | |
| Post office Box | City | | State | Zip Code | |
| **Primary Contact/Applicants Primary Agent** | | **Alternate Contact** | | | |
| Name **SCOTT DANELSKI** | | Name **HEIDI KROENING** | | | |
| Title **WINDEMERE TOWNSHIP**  **ROAD MAINTENANCE COORDINATOR** | | Title **WINDEMERE TOWNSHIP**  **BOARD SUPERVISOR** | | | |
| Primary Phone # **(218) 380-1575** | | Primary Phone # **(218) 591-0254** | | | |
| Second Phone # (**218) 485-5158** | | Second Phone # | | | |
| Third Phone # (**218) 380-1018** | | Third Phone # | | | |
| E-mail Address  **scott.danelski@windemeretownship.com** | | E-mail Address  **heidi.kroening@windemeretownship.com** | | | |
| Fax Number | | Fax Number | | | |
| DECLARATION NUMBER: 2023 -SD- 070 DATE DECLARED: January 31, 2023 | | | | | |