



# CALIFORNIA TOW TRUCK ASSOCIATION Angelo Tomassi Driver's Relief Fund

## Assistance Application

CTTA Member/Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relief Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse or Beneficiary's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relief Applicant is an (check one):      \_\_\_ Employee \_\_\_ Owner

Relief Applicant is (check one):      \_\_\_ Deceased \_\_\_ Severely Injured and Unable Work

Is this an employment-related injury/death?      \_\_\_ Yes \_\_\_ No (explain below)

Is this a non-employment-related injury/death?      \_\_\_ Yes \_\_\_ No (explain below)

Has a "Benevolent Account" been established at a bank?      \_\_\_ Yes \_\_\_ No

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Title/Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please state the circumstances regarding this request:

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Remit to: California Tow Truck Association  
643 W. Stadium Ln.  
Sacramento, CA 95834

Phone: (916) 617-2882  
E-mail: cttata@ctta.com

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_