

REQUEST FOR ASSISTANCE  
***FIRST TEAM***  
 First United Methodist Church, Lakeland, Florida

Date Initiated:	Project Start Date:	Project No.:
Name:		
Address:		
City:		Zip:
Relationship to First UMC:		
Contact phone numbers:	Home:	Cell: Work:
Is wheelchair user the	Homeowner?	Renter?
If renter, provide landlord's name and phone number:		
Who received this call for help?		Phone:
Who referred this project?		Phone:
Form completed by:		
Work requested:		
Persons who visited the job site:		Site visit date:
Will materials be supplied by homeowner?		
Notes after site visit:		
Notes about materials to be used:		
Workers	MH	Travel Time

**Return form to Alice Ray Overstreet with email copies to Joe Dionisi.  
 If photos are taken, please provide Joe Dionisi with copies.     Rev. 11.18**