



Workers Request Form

Low Mountain Chapter
 P.O. Box 4416
 Blue Gap, AZ 86520
 Phone No. (928)725-3700
 Fax No. (928)725-3703
 Email: lowmountain@navajochapters.org

REQUESTOR INFORMATION

| | | | |
|-----------------|------|-----------|-----------------|
| FIRST NAME | M.I. | LAST NAME | DATE |
| MAILING ADDRESS | CITY | STATE | ZIP |
| | | | PHONE NUMBER(S) |

ARE YOU A REGISTERED VOTING MEMBER OF LOW MOUNTAIN CHAPTER? YES NO

ASSISTANCE

| | |
|-----------------|-------------------|
| TYPE OF WORKERS | JOB SITE LOCATION |
|-----------------|-------------------|

BRIEF DESCRIPTION OF THE DUTIES TO BE PREFORMED. Complete in as much details as possible. (i.e., machines to be operated, lifting 30 lbs., etc.)

| | | | |
|--|---|--|---|
| Do you have the materials for the project? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Do you have the tools for the project? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|--|---|

NOTES:

SIGN & DATE

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

FOR OFFICE USE ONLY

| | |
|---|---------|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | REASON: |
|---|---------|

| | |
|--------------|------------|
| DATE OF JOB: | WORKER(S): |
|--------------|------------|

COMMUNITY SERVICE COORDINATOR: _____ DATE: _____