

# EPC DEACON ASSISTANCE

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All Requests for Assistance will require at least a 24 waiting period.

<b>NAME:</b>	
<b>FAMILY NAMES:</b> (i.e. spouse, children)	
<b>PHONE:</b>	
<b>ADDRESS:</b>	
<b>CITY/ZIP:</b>	
<b>SPECIFIC REQUEST:</b>	
<b>ADDITIONAL DETAILS:</b>  (ex: Name and Phone number of landlord, company, etc. for verification)	
<b>DATE:</b>	
<b>SIGNATURE:</b>	
<b>DEACON APPROVAL:</b>	