



HELP REQUEST FORM

Names: _____
Last *First* *Middle Initial*

_____ *Last* *First* *Middle Initial*

Address: _____
Street *Apt/Ste*

_____ *City* *St* *Zip*

Phone: _____ Alt Phone: _____

Email Address: _____

HBA MEMBER INVOLVED

Company: _____ Name: _____

Address: _____
Street *Apt/Ste*

_____ *City* *St* *Zip*

REASON FOR HELP REQUEST (Please be specific)

DESCRIPTION OF PROBLEM (Please provide complete details and attach all relevant documents)

YOUR PROPOSED SOLUTION

Signature

Date

Signature

Date

FOR OFFICE USE ONLY: Date Received _____