



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 _____