

**FAITH TO REBUILD
SKILLED LABOR REQUEST FORM**

DATE: _____

Name: _____

Current Address: _____

Damaged Address: _____

Telephone (home): _____

Telephone (cell): _____

Email: _____

Has Home Been Guttled?

- Yes No

Did You Receive Any Insurance Proceeds?

- Yes No

Did You Receive Any Road Home Proceeds?

- Yes No

Status of Home Repair:

- Have Not Started
- Started (specify what has been completed): _____

Time Available to Assist with Rebuilding: _____

Type of Service Requested:

- Plumbing Estimate
- Plumbing Repair _____ (specify)
- Electrical Estimate
- Electrical Repair _____ (specify)
- Contractor Estimate _____ (specify)
- Carpenter Estimate
- Carpenter Repair _____ (specify)

OFFICE USE ONLY

Circle One: Accepted Rejected _____ Date Filed _____

Referred to: _____

Notes: _____

