

P.O. Box 910 • SELLS, ARIZONA 85634-0910 • PHONE (520) 383-2281 • FAX (520) 383-3096

## PROJECT REQUEST FORM

Ge Oidag	Kawulk	North Comm	unities _	Sells	EDC
Name:	Date:		_ Date Nee	eded:	-
Wood Haul / Pick Up V (No wood hauls for Sells Co	Vood mm. until further no	tice) Wa	ater Haul questor must h	ave water conta	ainer or buffalo
Repair(s):Roof, _ Plumbing, Applia					
Briefly describe the reques	t for repair:				
For Wake Assistance (	Only)Gr	rave Post (No pe	eeling)	Cactus F	Ribs
Material / Appliance pi		ginal Receipt must			
To be delivered to:  (Requestor  Other Services,explain	or Designated indiv		•		18 yrs. to sign)
Client's Signature or Repre	sentative		Phone num	ber	
Approved by Community R output email (attach copy) text (att			Date		
Assigned to Maintenance T	echnician(s):	Date	· ·	Īr	nitial (District)
Assigned to Labor Force:		Date		Īr	nitial (District)
Assigned to Community Lia	aison:	Date		Īr	nitial (District)

Date	Resource Worker(s)
Note:	
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Date	Resource Worker(s)
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