

Community Shelter Board  
Preventing and Ending Homelessness - A Community Directory of Services 2006  
Request and Distribution Form

**REQUEST**

**Please complete the top section of the form only. Please PRINT or TYPE.**

Name of Individual Making Request: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Contact Phone # (to notify when copies are ready for pickup): \_\_\_\_\_

Number of copies requested: \_\_\_\_\_

**Completed request forms can be faxed to Tiffany Jackson at 221-9199**

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**To be completed by CSB:**

**DISTRIBUTION**

Number of copies approved for pickup: \_\_\_\_\_ CSB Staff approval (initials): \_\_\_\_\_

**To be completed at pick up:**

Name of Individual Receiving Copies: \_\_\_\_\_

Date: \_\_\_\_\_ Number received (out of # requested): \_\_\_\_\_ of \_\_\_\_\_

Initials of CSB Staff Completing Request: \_\_\_\_\_

*CSB Staff: after pickup, please forward completed request form to the Program Assistant.*