



NORTH EAST SEGMENT EMERGENCY REQUEST FORM

All Medical requests MUST have medical documentation/appointments slips.
Medical & Funeral requests will be processed immediately, all other requests will
be done in a timely manner.

NAME _____ DATE _____

SEGMENT RESIDING _____

TAT ENROLLMENT _____ DOB _____

PHONE NUMBER _____

CURRENT MAILING ADDRESS _____

PLEASE WRITE REQUEST BELOW:

TO COUNCILMAN PACKINEAU:

MAY BE DENIED: LIMIT EXCEEDED NO DOCUMENTATION PROVIDED INVALID REQUEST

NOT TAT ENROLLED DOES NOT RESIDE IN NE SEGMENT