



Request for Emergency Assistance

CLIENT CONTACT INFORMATION

Name:	
Address:	
Home Phone:	
Cell Phone:	
Email:	

CLIENT REQUEST INFORMATION

Request Date:	
Reason for Request (please be detailed)	
Estimated Cost:	

Note:

- A member of the committee will follow up with a phone call.
- First-time requests only
- Second and subsequent requests will not be considered
- All committee decisions are final

Completed forms should be mailed to:
Loughborough Christmas and Emergency Relief Committee
P.O. Box 88
Sydenham, Ontario K0H 2T0
Or phone 613-572-6004