



Glenn County 4-H

ASSISTANCE REQUEST FORM

Please allow a *minimum of two weeks* (for projects) prior to your requested deadline, unless urgent.

GENERAL INFORMATION

Name: _____ Date: _____

Email: _____

Phone: _____ Due date: _____

Assistance from: ☐ Office Support ☐ 4-H CES ☐ Area Director

REQUEST INFORMATION

Please answer all applicable questions below. What is your desired outcome? (Check all that apply.)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Phone Call | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Email | _____ |
| <input type="checkbox"/> Document or Form Created | _____ |
| <input type="checkbox"/> Print Materials - How Many? _____ | _____ |
| <input type="checkbox"/> Schedule an Appointment | _____ |
| <input type="checkbox"/> Is this Urgent? ____yes ____no | |

*For any non-urgent calls or emails, please allow one week follow-up time.

State the Tasks Needed: _____

OFFICE USE ONLY

Date received: _____ Completion date: _____

Action taken: _____

If not completed, please explain: _____
