



# Representative Benjamin V. Sanchez Letter of Support Request Form

Requesting Organization/Company Name: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Application: \_\_\_\_\_

Application Number: \_\_\_\_\_

Title of department the application was filed under: \_\_\_\_\_

Contact person at department (if applicable): \_\_\_\_\_

Address of Department the letter should be written to: \_\_\_\_\_

\_\_\_\_\_

*Please complete the following:*

- 1. A brief description of what your company/organization is.**
- 2. A brief description of what your company/organization does for those you are trying to reach.**
- 3. The amount of people your company/organization serves within a year.**
- 4. What you are looking to obtain from your application.**
- 5. Any other pertinent information to the letter.**

*Please scan and email a completed form to [mseirk@pahouse.net](mailto:mseirk@pahouse.net)*