Requests for Organizations

To assist Technology Assisting People In Need with processing your request, please write clearly and legibly. When you have finished this form, please sign, date, and return this form to:

Technology Assisting People In Need
P.O. Box 12916
Cincinnati, Ohio 45242

Name of the Agency:_____

Your Position with the Agency:_____

Last Name:_____ First Name:_____

Gender (circle one): Male Female Phone # (include area code):_____

Street Address:_____

City:_____ County:_____ State:_____

Zip + 4:_____ E-Mail Address:_____

How did you find TAPIN?_____

_____

Number of Computers you are Requesting:_____

Any Other Equipment you are Requesting:_____

Please, if you would, give a brief explanation of the reason for this request:_____

_____
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Signature:_____ Date:_____