



# Johnson County Professional Firefighters Union LOCAL 4252

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## Member Request for Service

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Department: \_\_\_\_\_

Contact Information:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Your Station Phone: \_\_\_\_\_ E-mail : \_\_\_\_\_

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

\_\_\_\_\_

Have you contacted your District Vice-president?  Yes  No

If you do not wish to be represented by your District Vice-president, please give the name of the Executive Board member you wish to represent you: \_\_\_\_\_

Have you contacted another Executive Board member?  Yes  No

Briefly explain the type of assistance you are requesting:

(IE: Primary representation, representation assistance, monetary assistance, complaint review, general counseling or any other type)

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Briefly explain the circumstances of your request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Date MRS form was received: \_\_\_\_\_

Secretary/Treasurer Signature: \_\_\_\_\_

Date of Secretary/Treasure review: \_\_\_\_\_

Will this cause a monetary impact on the Local?  Yes  No

If yes, Please attach a report of monetary impact that this could or will have on the JCPF Local 4252 then submit to the Local President for review.

Local President's Signature: \_\_\_\_\_

Date of Local President review: \_\_\_\_\_

APPROVED

DENIED

Attach copy of the written response after drafted.

Date that Member was notified of response: \_\_\_\_\_