STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF WELFARE AND SUPPORTIVE SERVICES ENERGY ASSISTANCE PROGRAM

TO:					
Energy Assistance Program Nevada Division of Welfare and Supportive Services 2527 N. Carson St., Suite 260 Carson City, Nevada 89706-0246 (775) 684-0730 – FAX: (775) 684-0740				Energy Assistance Program Nevada Division of Welfare and Supportive Services 3330 E. Flamingo Rd., #55 Las Vegas, Nevada 89121-4397 (702) 486-1404 – FAX: (702) 486-1441	
Date:					
FROM:		Name/Agen	icy o	or Company	
	Mailing Address, Street Number or P.O. Box				
		City, Sta	ite, Z	Zip Code	
	Contact Telephone Number			Contact E-mail Address	
SUBJECT:	T: REQUEST FOR MATERIALS				
Please send t	he following Energy	Assistance Program (EAF	P) materials:	
	QUANTITY <u>ITEM</u>		<u>1</u>		
		EAP Application EAP Application	•	,	
	Intake Site Logs Completed Application Checklists				
	Cash Contribution Forms				
		Authorized Repr			
		Earnings Verific Rental Verificati			
Date Order F	Filled:	By:		EAP Employee Name	
				EAF Employee Name	