



# OCCUPANCY HEROES INCORPORATED TEMPORARY REQUEST FORM

Contact Name: \_\_\_\_\_

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

Cellular: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Management Co. / Owner: \_\_\_\_\_

Property and Address: \_\_\_\_\_

\_\_\_\_\_

Type of Property      A       B       C       Tax Credit       Other: \_\_\_\_\_

Desired Temporary Position(S): \_\_\_\_\_

Certified / Non-Certified: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

How Many Temporary Personnel Are Desired? \_\_\_\_\_

Are Weekend Services Desired? \_\_\_\_\_

Are On-Call Services Desired? \_\_\_\_\_

Are You A Returning Client? \_\_\_\_\_

How Did You Hear About Occupancy Heroes Incorporated? (Please List Names So That We May Show Our Appreciation): \_\_\_\_\_

Please List Any Special Request:


Signature of person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and fax to **(704) 391-7446** Attention: **PLACEMENT SPECIALIST**

(City and State): \_\_\_\_\_