

## Heat Response Program Request

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email, if applicable

I understand the cooling unit installation is on a first-come, first-served basis, and I will be notified when it is my turn for installation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You may return this form by any method below:

Email to [HeatResponseProgram@pcrihome.org](mailto:HeatResponseProgram@pcrihome.org);

Fax at 503-288-2891;

US Mail 6329 NE MLK Blvd. Portland, OR 97211; or

Drop off at PCRI Offices at the address above

**PCRI STAFF WILL FILL IN BELOW**

\_\_\_\_\_  
Property Code

\_\_\_\_\_  
Initial & Date

#

Entered into Database