

WHITE CASTLE ROOFING

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OMAHA | LINCOLN
(402) 898-7663 | (402) 423-1796

FREE ROOF RESCUE NOMINATION FORM

NOMINEE INFORMATION

Nominee name _____ Birth date _____

Nominee street address _____

City _____ State _____ Zip _____

Nominee phone number _____ Nominee e-mail address _____

Number of dependents _____ Approximate annual income _____

Is the nominee employed? Yes No If yes, where? _____

YOUR INFORMATION

If you are nominating yourself, please skip this section. If you are nominating someone you know, please provide your own contact information here.

Your name _____ Relationship to nominee _____

Your phone number _____ Your e-mail address _____

REFERENCES *(optional)*

Please provide us with contact information for *up to* three references we may contact to assist in our decision. References will only be contacted if nominee is a finalist for a free roof.

1 Reference name _____ Relationship to nominee _____
Reference phone number _____ Reference e-mail address _____

2 Reference name _____ Relationship to nominee _____
Reference phone number _____ Reference e-mail address _____

3 Reference name _____ Relationship to nominee _____
Reference phone number _____ Reference e-mail address _____

CIRCUMSTANCE

Please tell us why this nominee should be considered for a free roof.

We will consider all information provided when making our decision and will especially take into account family situation, financial situation, serious hardships, and physical disability. Please write on the back of this page, or attach pages as needed to provide us with any pertinent information.