Request For The *DSS Rx-Xpress*

Contact: _____

Organization: _____

Telephone: _____ Email: _____

Fax: _____

Event Sponsor: _____

Type of Event: _____

Location: _____

DATE: _____ TIME: _____

Please write a brief description of your Event and what services you are requesting from the *DSS Rx-Xpress*.

_____

_____

_____

_____

Any Questions or Comments? _____

_____

_____

Please fax completed form to:
Fred Diggs, Aging Services
860-424-5301

*****Approvals of requests are based on availability, resources and at the discretion of the Department of Social Services. In order for us to make every effort to accommodate you, please provide at least one-month notice for your event. Thank you for your request.