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## Department of Health Services

105 S. Preston St.  
Ennis, TX. 75119  
(972) 875-6444  
[healthdept@ennistx.gov](mailto:healthdept@ennistx.gov)



### **Empower Ennis Tool Sharing Program: Resident Assistance Application**

Thank you for your interest in the Empower Ennis Tool Sharing Program! We're here to support our community members in need of lawn maintenance assistance. Please fill out the following application so we can better understand your needs and determine how we can help.

#### **Personal Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Emergency Contact Phone Number: \_\_\_\_\_

#### **Assistance Request:**

Please describe the type of assistance you require (e.g., lawn maintenance, minor tree trimming, etc.):

\_\_\_\_\_

Please provide any additional details regarding your assistance request that may help us better understand your needs: \_\_\_\_\_

Do you have an active code case with the city?

Yes

No

If yes, please provide the case number and a brief description of the issue:

\_\_\_\_\_

#### **Declaration:**

*By signing this application, I confirm that all information provided is accurate and complete. I understand that any false or misleading information may result in my disqualification from the Empower Ennis Tool Sharing Program. I also agree to follow all safety precautions and guidelines provided by the program when receiving assistance.*

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

Please submit your completed application to the Department of Health Services. We will review your application and contact you with further information. We appreciate your interest in the Empower Ennis Tool Sharing Program and look forward to assisting you!