



CUSTOMER REQUEST

This form is to be used to initiate a response from the Housing Authority regarding any action taken against an individual or failure by the Authority to take action regarding a request or complaint by an individual. A letter requesting action and signed by the individual may substitute for a Customer Request Form.

Please fill this form out completely and return it to the Housing Authority office. A response will be received within ten working days from the request.

NAME _____ DATE _____

ADDRESS _____ UNIT # _____

_____ PHONE # _____

BRIEF DESCRIPTION OF PROBLEM OR COMPLAINT _____

ACTION REQUESTED BY CUSTOMER _____

SIGNATURE OF CUSTOMER

<u>FOR OFFICE USE ONLY</u>	
CR # _____	
ORIGINAL TO: Jason Adams, Executive Director	DATE RECEIVED: _____
COPIES TO: _____	DATE DISTRIBUTED: _____
_____	DATE COMPLETED: _____

