

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 Housing 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 BE SURE TO USE BLACK INK WHEN COMPLETING THIS 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 Complaint

Action Requesting by Customer

Signature: _____ Date: _____

FOR OFFICE USE ONLY	
CR# _____	DATE RECEIVED: _____
ORIGINAL TO: CR FILE	DATE DISTRIBUTED: _____
COPIES TO: JASON ADAMS, EXECUTIVE DIRECTOR	10 DAY DEADLINE: _____
CARRIE IRVINE, ADMIN MANAGER/ASSISTANT EXECUTIVE DIRECTOR	DATE COMPLETED: _____

~Return to Salish & Kootenai Housing~