HOUSING AUTHORITY OF THE CITY OF ANNAPOLIS

REQUEST FOR A INFORMAL HEARING OR GRIEVANCE HEARING

___ **Public Housing Eviction Notice** **Date: _____**
___ **Housing Choice Voucher Termination** **Date: _____**
___ **Public Housing Admissions Denial** **Date: _____**
___ **Housing Choice Voucher Admissions Denial** **Date: _____**
___ **Other: _____** **Date: _____**

I _____

Please Print Your Name

Wish to Request a Hearing. Social Security Number: _____ _____

Address: _____

_____

Contact Number: _____ E-mail Address: _____

Signature: _____ Date: _____

Reason for Request:

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REQUEST FOR INFORMAL HEARING AND GRIEVANCE HEARING-CONTINUED

Reason: _____

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1217 Madison Street Annapolis, MD 21403
410-267-8000 Fax: 410-267-8290
TTY/TDD # 711 (from your telephone)

1.8.12 (rev. 1.26.12)