

Ombudsman Request Form

DATE:

NAME: _____

PHONE NUMBER: " _____ BEST TIME TO CALL: _____

E-MAIL ADDRESS: _____

YOUR MAILING ADDRESS:

PLEASE CHECK THOSE THAT APPLY TO YOUR INQUIRY:

Emergency Housing

Current Section 8 Participant

Section 8 Waiting List Applicant

Tenant/Landlord Dispute

Staff Not Returning Call

Housing Discrimination

Housing Program Information

Section 8 Policy Question

Looking For Affordable Housing

Other Issue

BRIEFLY DESCRIBE WHAT YOUR CONCERN/ISSUE IS: