



Baytown Housing Authority

"Building Communities One Family At a Time"

REQUEST FOR AN INFORMAL HEARING/REVIEW ATTENTION: HEARING COORDINATOR

(PLEASE PRINT LEGIBLY)

DATE: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

CONTACT TELEPHONE: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

I, (signature) _____ do hereby request an Informal Hearing/Review because I disagree with the proposed termination of my housing benefits. Please mail Notice for Informal Hearing/Review to the address above. I believe I have been terminated/denied wrongly because:

Please attach copies of supporting documentation if available (Example: hospital discharge paperwork, receipts, court papers, etc...)