Public Housing and Community Development
Applicant's Informal Review Request

Complete and return this Informal Review Request by mail to the above address or above facsimile within 30 days from the date on your Notice of Waiting List Withdrawal. You will be notified in writing of date, time, and location of the informal review once scheduled.

Name of Head of Household: ____________________________

Entity #: ____________________________ Waiting List Program: ____________________________

Did you receive a Notice of Waiting List Withdrawal? □ Yes □ No Date of Notice: ________________

Reason for withdrawal: ____________________________

Has your address or telephone number changed? □ Yes □ No

Current Address: ____________________________

Telephone #: ____________________________ Alternate/Cellular #: ____________________________

X ____________________________
(Your Signature) (Date)

The informal review hearing is held in a wheelchair accessible facility. If you need an English or sign language interpreter, materials in accessible format, or any other service required by a disabled person to assist with any aspect of the informal review process, please call the ADA Coordinator at 786-469-2155 or via Florida Relay Service at 1-800-955-8771, at least seven days (7) days before the scheduled date of the informal review.

This material is available in an accessible format upon request ALC/CA/7/4414/V