



## Jackson/Teton County Affordable Housing Department Request for Appeal Hearing to the Housing Authority Board

**Please submit this form along with \$250.00 fee to the Housing Department**

Date Submitted \_\_\_\_\_

Name of Applicant(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name and contact information for complainant's representative \_\_\_\_\_

\_\_\_\_\_

Grounds upon which Hearing is requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action or remedy requested \_\_\_\_\_

\_\_\_\_\_

*Notification will be made by the Housing Department when your hearing is scheduled to be presented before the Housing Authority Board.*

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\_\_\_\_\_

*Please attach extra pages if more space is needed*

For Housing Department use only

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