



## 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

*Please attach extra pages if more space is needed*

*For Housing Department use only*

\_\_\_\_\_  
*Date Received*