



**Iano Housing Authority**

# Request for Records Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**I am requesting a copy of the following records from my file:**

*To expedite the request, please be as specific as possible in describing the records being requested.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fees: \$0.25 for each page.      Number of pages copied: \_\_\_\_\_

Total cost: \_\_\_\_\_

***We will provide copies only; any originals received by PHA will not be returned.***

Please allow two (2) business days for your request to be processed.

Your request will be available for pick up on: \_\_\_\_\_

*Copies will be destroyed seven (7) business days after the above date if they are not picked up. We will not mail or fax copies.*