



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.

Requested copies will not be mailed.

Please allow seven (7) business days for your request to be processed.

Your request will be available for pick up on: _____

Copies will be destroyed three (3) business days after the above date if they are not picked up. We will not email, mail, or fax copies.