



1740 Avenue G, Plano, TX 75074 Phone: 972-423-4928 Fax : 972-516-0251

Request for Informal Hearing

(HCV/Public Housing Participants Only)

Date: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Please write why you are requesting a hearing. A copy of your termination letter and all documentation supporting your position must be attached.

Client Signature

Date:

To be completed by PHA Staff:

Received by : _____

Date: _____

Appointment scheduled for _____ with: _____

No Appointment scheduled Letter sent by _____