

Out of Town

I, _____, and those residing at
(print head of household name)

(print complete address)

I will be out of town from _____ to _____

While out of town, I/We can be reached at:

My unit and/or mail will be checked by: _____
(print name)

who can be reached at: _____

I/We understand that no one, who is not listed in my household composition of my lease agreement is authorized to stay in the unit while I/We are out of town.

Head of Household Signature

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

