

Request for Informal Hearing

I request an Informal Review regarding Walla Walla Housing Authority's decision concerning my application for housing assistance because (use the back side of this page if needed):

Signature	Print Name	Date	
Complete Address, includ	e apartment/unit number, if any		
Home Telephone	Message	Message Telephone	
	mily is a person with disabilities, and yo lize our programs and services, please co	· ·	
Walla Walla Housing Authority	501 Cayuse Street Walla Walla Washington 9	9362 509-527-4542 Fax 509-527-4574	
Hearing-impaired, use statewide r	elay service number 1-800-833-6384 www.wal	lawallaha.org wwha@wallawallaha.org	

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