



Informal Hearing Request Form

Please mail this form to:

Housing Authority of St. Louis County
Attn: Informal Hearing Request
8865 Natural Bridge
St. Louis, MO 63121

I, _____ am requesting an Informal Hearing.

Reason given for my proposed termination or termination:

_____ Tenant caused damages: Address where said damage(s) occurred:

_____ Owes money to this or another Housing Authority.

_____ Failed to reimburse this, or another Housing Authority.

_____ Failed to abide by the terms of a repayment agreement.

_____ Failed to maintain utility service(s) at the following address:

_____ Violated one or more Family Obligations. Reason given:

Current mailing address, city, state & zip code:

Phone number: _____ E-Mail address: _____

Signature

Date