

NORTH EAST TEXAS HOUSING PARTNERS

(Formerly the Housing Authority of the City of Paris)
650 7th Street SW - Office 8 P.O. Box 688
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FOR OFFICE USE ONLY

Received By: _____

Date Received: _____

Time Received: _____

REQUEST FOR INFORMAL GRIEVANCE HEARING

DIRECTIONS: Complete this form, in its entirety, and return to the **Office** within **ten (10) days** of your receipt of the Notice from the PHA. Use the back of this sheet or another sheet of paper, if necessary.

Name: _____

Address: _____

State, in **DETAIL**, the **CIRCUMSTANCES** surrounding this request for an Informal Hearing:

State, in **DETAIL**, your reasons for this Informal Hearing request and the **POINTS** which you dispute:

State the **ACTION** or **RELIEF** which you seek: _____

List **several dates and times** in the next ten (10) working days that you will be available to attend:

1st Date & Time: _____ 2nd Date & Time _____

3rd Date & Time: _____ 4th Date & Time: _____

Signature

Date