

Request for RGI Review Form

Complete this form if you would like to request a review of the enclosed decision. Please type or print and return to your Operating Unit Office.

Tenant Information:	Client Account #:
Last Name:	First Name:
Mailing Address: Apa	artment #: Postal Code:
Email Address:	Tolophono Numbor: /
Email Address.	Telephone Number: ()
What is the date on your Notice of Decision:	nth: Day: Year:
The time to the date on your reasons of Booleigh.	Juj. Touri
Please provide a copy of the Notice of Decision receive	ed from your Tenant Services Coordinator.
2. Why do you disagree with the decision made? Pleas	• • • • • • • • • • • • • • • • • • • •
documentation. (If you require additional space, please	e use the space on the back).
Diagon Note: You must sign and deliver this form by fa	(mail amail (haln@tarantahauaing aa)
Please Note: You must sign and deliver this form by fax	
telephone or in person within 30 calendar days after red Community Housing. If you have missed this deadline,	
explain why you needed more time.	you can suil ask for a review but you must
Advocate or other contact person:	
If you would like another person to act as a representat	ive on your hehalf, or would like someone else
to know the details of your request, please complete the	
to know the details of your request, please complete the	e decitori below.
Name of Advocate: Agenc	y: Phone Number:
/ tgono	y. Thone Humber.
Applicant(s) Signature:	Date
1.44(-)3	
	Month: Day: Year:
You must be 16 years of age or older to request a	
Review.	
Note: A request form may be signed by an agent	
for the applicant. Please provide evidence to show	
that the applicant authorized the agent to sign.	

Request for RGI Review Form - continued

2. Continued: Why do you disagree with the decision made? Please write the reasons below and attach supporting documentation.	