

The Housing Authority of the City of Woonsocket, Rhode Island
679 Social Street
Woonsocket, Rhode Island 02895
401-767-8000 / fax: 767-8088

INFORMAL HEARING REQUEST

Name: _____

Address: _____

Telephone Number: _____

I hereby request an informal hearing based on the following:

I hereby request a copy of the documents on which this adverse action is based. I understand and agree to pay for any copying charges.

Date

Signature