## Kirksville Housing Authority Property Contact Information

The purpose of this form is to provide contact information to Housing Choice Voucher applicants and program participants. The information provided on this form will be shared on Kirksville Housing Authority's list of landlords at HCV Briefings, upon request, and at other times as appropriate. Please provide all information **as it should be available to the public** on the list of landlords.

Business or Comp	lex name:		
Name of Appropria	ate Contact Person:		
Contact Phone Nu	mber:		
Contact Email Add	lress:		
Preferred Method	of Contact: <mark>Select one</mark> .		
	Phone E	Email	
What type(s) of ho	using unit(s) do you offer?	Select all that apply	1.
Single Family	Townhouse/Rowhouse	Apartment	Manufa

By signing below, I acknowledge the information provided on this form will be made available to the public. I understand participation on Kirksville Housing Authority's list of landlords is entirely voluntary and give consent for this information to be released by Kirksville Housing Authority during Housing Choice Voucher Briefings, as requested by program applicants and participants, and during other times at the discretion of Kirksville Housing Authority. I understand I may request to remove or update the contact information provided above at any time by submitting the request in writing to the office of Kirksville Housing Authority, and such request may take up to 30 days to process and take effect.