

HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

DEPARTMENT OF LEASED HOUSING and SECTION 8

CUSTOMER SERVICE REQUEST

Tenant Applicant Landlord Other (General Customer) DATE: COUNSELOR NAME: YOUR NAME: DATE OF BIRTH: ADDRESS: TELEPHONE#: SERVICE REQUEST INFORMATION Type of Action Request Appointment Call RFTA Packet (new admission) Email Service (i.e. stop payment, etc.) Information (i.e. address change, etc.) Complaint Check if Inspection Complaint Other (specify below) PLEASE DESCRIBE NATURE OF REQUEST needs omeone to contact me regarding (please be as clear, concise and detailed as possible. Use the back of this form if additional space needed. Please attach any additional necessary documentation with this form concerning this matter):	CUSTOME	R INFORMATION
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