



REQUEST FOR HEARING

Name: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Date of Request: _____

Reason for requesting a hearing: _____

If you need morning or afternoon, please specify and the reason for such. You ay be asked to verify the need, such as work or school schedule.

Special time of day needed and reason why:

ALL REQUESTS FOR HEARING MUST BE SUBMITTED TO:

DHC-Section 8

2211 Orleans

Detroit, Mi. 48207

Attn: Yevette Honu

You will receive notification by mail as to the date and time you will be required to appear for your hearing. Please make sure that you attend your hearing or a decision will be made without your presence with any further right to a hearing. All hearing decisions are final. If you do not request a hearing by the date given in your letter, you will forfeit your right to a hearing, and will be terminated on the given date.