Indianapolis Housing Agency
1935 North Meridian Street
Indianapolis, IN 46202
Phone: (317) 261-7200 Fax: (317) 261-7265

Informal Hearing Request Form

Client Name: _____
PLEASE PRINT

Client Address: _____
STREET ADDRESS

_____
CITY STATE ZIP

Client Number: _____

Client Social Security: _____

Client Phone Number: _____

***Reason for Hearing:** _____

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***Please attach any supporting documentation in regards to your request. Also, please ensure that we have your current address and phone number.**

Client's Signature: _____ **Date:** _____

TO BE COMPLETED BY IHA PERSONNEL ONLY

Date Hearing scheduled: _____

Assigned Hearing Officer: _____