



# Appeals Form

## Teton County Housing Authority

Please submit this form along with \$25.00 fee to Teton County Housing Authority. Staff will forward to TCHA Board of Directors within 30 days who will render a decision at the next scheduled Board Meeting. Applicants will be provided an opportunity to provide evidence to the Board supporting the appeal.

Date Submitted \_\_\_\_\_

Name of Applicant(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name and contact information for complainant's representative \_\_\_\_\_

Grounds upon which Appeal is based \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action or remedy requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please attach proof that Homeowner's Association has been notified of appeal if applicable.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

*For TCHA use only*

\_\_\_\_\_  
Date Received

*Please attach extra pages if more space is needed*