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REQUEST FOR REVIEW FORM

Please type or print and return to:

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Victoria-Shuter Non-Profit Housing Corporation 80 Dundas Street East, Toronto, ON M5B 2P5 Management Office

APPLICANT INFORMATION:				
Last Name:	First Name:			
Mailing Address:	Apartment #: Postal Code:			
Telephone number where you can be reached:	Area Code () Number:			
1. What is the date on your Notice of Decision:				
Month: Day: Year:				
Please provide a copy of the Notice of Decision received from Management.				
2. Why do you disagree with the decision made? Plea supporting documentation. (If you require additional				
Please Note: You must sign and deliver this form by fax, mail or in person within 30 calendar				
days of receipt of the Notice of Decision you received from Management.				

ADVOCATE OR OTHER CONTACT PERSON:			
If you would like another person to act as a representative on your behalf , or would like someone else to know the details of your request, please complete the section below:			
Name of Advocate: Phone Number:			

Applicant(s) Signature:	Date			
	Month:	Day:	Year:	
You must be 16 years of age or older to request a				
Review				

If you disagree with the decision made:

Why do you disagree with the decision made? Please write the reasons below and attach supporting documentation.