

## REQUEST FOR REVIEW FORM

Please type or print and return to: Victoria-Shuter Non-Profit Housing Corporation  
80 Dundas Street East, Toronto, ON M5B 2P5  
Management Office

[illegible]

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: \_\_\_\_\_ Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Applicant(s) Signature:

\_\_\_\_\_  
You must be 16 years of age or older to request a  
Review

Date

Month:            Day:            Year:

**If you disagree with the decision made:**

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