

**Housing Authority of Grayson County**

1708 W. Houston Street, Sherman TX 75092  
Phone 903 892 8717 Fax 903 868 2649

**Request for Informal Hearing**  
(HCV/Public Housing Participants Only)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please write why you are requesting a hearing. A copy of your termination letter and all documentation supporting your position must be attached.**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

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To be completed by PHA Staff:

Received by : \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Appointment scheduled for \_\_\_\_\_ with: \_\_\_\_\_

\_\_\_\_ No Appointment scheduled Letter sent by \_\_\_\_\_