



REQUEST TO VOID RTA PAPERWORK

ATTENTION: Inspections Admin

PARTICIPANT INFORMATION		
Participant Name (<i>print</i>):	Last 4 of SSN:	
Home Telephone:	Work Telephone:	
Current Address:		
City:	State:	Zip Code:
Email Address:		

Which party is initiating this request? Please check a box.

- Owner
 Manager
 Participant

Please provide the address of the unit/property to be voided:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Reason for void:

Both participant and landlord signatures are required for approval.

Participant Signature Date

Landlord Signature Date

OFFICE USE ONLY	Accepted by:	Date:
	Assigned HQS Inspector:	Notified on:

