

**Topeka Housing Authority**  
2010 SE California  
Topeka, KS 66607  
(785) 357-8842

**Public Housing – Request for Review Meeting**

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

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

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

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

Date Review letter received: \_\_\_\_\_

I would like to speak with the Director of Operations or appointed designee to discuss my Review Meeting for Public Housing assistance. I would prefer (check one):

\_\_\_\_\_ To meet in person

\_\_\_\_\_ To speak over the phone

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

\_\_\_\_\_  
Date of Request

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**For Staff Use Only**

Request for meeting received timely: \_\_\_\_\_ Yes \_\_\_\_\_ No

Meeting scheduled on \_\_\_\_\_ (date) at \_\_\_\_\_ (time)

with \_\_\_\_\_ (person). Meeting will be held

(check one) \_\_\_\_\_ in person \_\_\_\_\_ or by phone.

Determination of Meeting: \_\_\_\_\_

Written summary mailed: \_\_\_\_\_ (date)