



THA Inc. – Request for Review Meeting

Applicant Name: _____

Address: _____

City, State, Zip: _____

Date Review letter received: _____

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

_____ To meet in person

_____ To speak over the phone

Signature of Applicant

Date of Request

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)