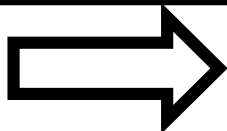




MODOC LASSEN INDIAN HOUSING AUTHORITY
TENANT RESPONSE FORM



TENANT TO COMPLETE THIS SECTION

RETURN TO: RSP or Faxed to (530) 596-4137

Date: ____ / ____ / ____

Location: QVIR

Tenant Name: _____

Address: _____

Phone No. Home: _____ Work: _____ Other: _____

NON-EMERGENCY [] EMERGENCY []

DESCRIPTION OF PROBLEM- provide location in unit and detail description of maintenance need.

MLIHA STAFF TO COMPLETE THIS SECTION

Received Via: Phone Fax RSP Maint. Other

Response Date: ____ / ____ / ____ Who Responded: _____

Check One: Routine Maintenance Tenant Caused Damages Deferred Maintenance

Notes/Comments:

