

CANCELLATION OF INSPECTION REQUEST

Name of Caseworker: _____

Date: _____

Name *(Please print)*: _____

Current Address: _____
Street City State Zip

**I WOULD LIKE TO CANCEL THE INSPECTION PREVIOUSLY
REQUESTED FOR THE FOLLOWING ADDRESS:**

Street

I would like to cancel the Inspection Request previously submitted because: _____

I will be contacted to pick up another Inspection Request Form from my caseworker once this cancellation has been processed. I understand that this does not change the expiration date of my voucher, but only cancels the Inspection Request that was submitted earlier.

Phone number where I can be reached: () _____

Participant Signature

Date

**Please return form to: Section 8 Office
Macon-Bibb County Housing Authority
PO Box 4928
Macon GA 31208**