



Section 8 Owner Liaison
2015 Felton Avenue
PO Box 4928
Macon, GA 31208

HAP CHECK STOP PAYMENT REQUEST

Individual or Company Name: _____

Date of check: _____

Reason for stop payment:

- Lost
- Never received in mail
- Other: _____

I hereby request that a stop payment be issued on the above-referenced check.

Signature

Date

**Please return form to: Section 8 Owner Liaison
Macon Housing Authority
PO Box 4928
Macon GA 31208-4928**

Or fax form to: (478) 752-5188