



SPECIAL INSPECTION REQUEST

Please report any problems with your unit to your Landlord first and allow adequate time (7-10 days) for him/her to respond to your complaint before reporting your problem(s) to the Macon Housing Authority.

We are happy to serve you in any way possible, but due to the fact that certain situations are the responsibility of the Landlord and not MHA, Special Inspections are reserved for issues considered to be a serious threat to the family's health or safety. As a result, all requests will be reviewed and subjected to established criteria.

By completing this form, you are certifying that you have contacted your Landlord and Macon Housing Authority may contact him/her at any time during this process, as well as forward the Landlord a copy of this request. All blanks must be completely filled out. Incomplete forms will be rejected.

Please print clearly:

Date: _____

Tenant Name _____

Landlord Name _____

Tenant Address _____

Landlord Address _____

Tenant Phone Number _____

Owner Phone Number _____

Please indicate the date(s) the complaint was given to the Landlord:

First Date _____

Second Date _____

Third Date _____

How was the Landlord contacted? [] Mail [] Phone [] In Person

Have you allowed adequate time (at least 7-10 days, depending upon the circumstances) for a response? [] Yes [] No

Please BRIEFLY describe the complaint: (For example: Kitchen - leak under sink; Bathroom - clogged sink)

Four horizontal lines for describing the complaint.

Landlord's Response: _____
Three horizontal lines for the landlord's response.

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