



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

UAP 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 check referenced above.

Signature

Date

Please return form to: **Recertification Process Supervisor
Macon Housing Authority
PO Box 4928
Macon GA 31208-4928**

Or fax to: (478) 752-5188