

## REQUEST FOR EXTENSION TO COMPLETE REPAIRS

<u>IMPORTANT</u>: Request(s) must be submitted no later than 10 days prior to HQS due date. Extension request(s) for final inspections will be rejected. All blanks must be filled out completely. **Incomplete forms will be rejected.** 

Tenant's Name (Please print):			
Property Address:	eet	Apt #	City / State / Zip
Type of Inspection:	Annual		
Housing Quality Standa	ards (HQS) Inspection	on due date:	
I am requesting a	day extension to	o complete repairs for the f	ollowing reason:
☐ Unable to make rep	pair(s) due to severe	weather conditions (e.g. to	rnado, flood, etc)
☐ Major repair that re	quires additional time	e to complete.	
Please specify:			
Other:			
Landlord Signature: _		Da	ate:
Email Address:		P	none Number:

Please return form to: Madeleine Hudgens

Section 8 Inspections Liaison Fax: (478) 752-5188

**Macon-Bibb County Housing Authority** 

PO Box 4928 Email: s8inspections@maconhousing.com

Macon GA 31208