

Request To Void RTA Paperwork

ATTENTION: Inspections Admin

Participant 1	Information					
Participant I	Name (<i>print</i>)				Last 4 of SSN	
Home Telephone			Work Telephone			
Email Addre	ess					
Current Add	ress					
City			State	•	Zip Code	
Which party	is initiating this	request? Plea	ase check	a box:		
☐ Owner	wner Manager Participant					
Please prov	ide the address	of the unit/pro	perty to b	be voided	:	
Street Addre	ess					
City			Stat	te	Zip Code	
Reason for v	oid:					
Both partici	pant and landlor	d signatures a	re require	ed for app	proval.	
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					Data	
Participant 9		Date				
					Data	
Landlord Signature					Date	
For Office U	se Only					
Accepted By	y			Date		
Assigned HQS Inspector				Notified On		
· ·						

