



**NEQOTKUK HOUSING AUTHORITY
REQUEST FOR REPAIRS**

Status: Low Med High

Application No. _____

Name : _____

Home Telephone : _____ Cell Phone : _____

Address : _____
Street Name and Number

_____ *Apt. No.* _____ *Town /City* _____ *Postal Code*

Home Type: Sec 95 Band Owned Privately Owned Sec 10

Briefly describe the repairs you are requesting

Item 1

Item 2

Item 3

Acknowledgement of Request

_____ *Housing Administrator* _____ *Date*