



Growing Communities One Family At A Time
For More Than 70 Years

Housing Choice Voucher Program

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Huntsville, AL 35804

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SPECIAL INSPECTION REQUEST

Date:	Caseworker:
Name:	Last 4 of SSN#:
Phone Number:	Email:
Landlord/Manager:	
Unit Address:	

Could you please provide a detailed explanation of the HQS violation that requires repairs?

Have you made contact with your Landlord/Manager about the above violations? Yes No

Date(s) you contacted your Landlord/Manager:

What response or information did your Landlord/Manager provide you regarding your complaint and the timeframe for repairs?

Signature: _____ **Date:** _____

HHA Official Use (Only)

Received By: _____ **Date:** _____

Contacted on: _____

Inspection Scheduled: _____